PRAES ANNUAL PROGRESS REPORT: YEAR 2

Preliminar

October 2006- September 2007

October 31st, 2007

PRAES - Promoviendo alianzas y estrategias is a project financed by the United States Agency for International Development (USAID) and administered by Abt Associates Inc.

PRAES – Promoviendo Alianzas y Estrategias está orientado apoyar el proceso de descentralización y reforma del sector salud. Así, dedica esfuerzos a la profundización del proceso de transferencias de competencias funciones en salud entre los niveles de gobierno nacional, regional y local y asiste técnicamente la implementación, monitoreo y vigilancia ciudadana de los planes participativos regionales de salud. El proyecto brinda asistencia técnica para el diseño del modelo e instrumentos técnicos de aseguramiento que permita ampliar la cobertura de un plan de seguro de salud con garantías explícitas. PRAES se concentrará en los siguientes resultados:

Promoción y diseminación de una agenda consensuada de reforma de salud en el periodo de transición gubernamental
Transferencias de competencias y funciones de salud a los Gobiernos regionales y Locales
Implementación, monitoreo y vigilancia ciudadana de Planes Participativos Regionales de Salud
Fortalecimiento del rol rector del Ministerio de Salud
Reforma del financiamiento y aseguramiento en salud.

Este documento ha sido elaborado por el proyecto PRAES, financiado por la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID), conducido por Abt Associates Inc. bajo el contrato # GHS-I-00-03-00039-00. Las opiniones e ideas de los autores contenidas en este documento no necesariamente reflejan las de USAID o sus empleados.

Octubre, 2007

Cita recomendada

PRAES. October 2007. *[PRAES Annual Progress Report: year 2].* Lima: Promoviendo alianzas y estrategias, Abt Associates Inc. Pp. 60

Contrato / Proyecto No.: GHS-I-00-03-00039-00

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Table of Contents

Tables

Figures

Acronyms

ACRES	Software for the estimation of Regional Health Accounts
AECI	Spanish Agency of International Cooperation
CIES	Consortium for Economic and Social Research
DALY	Disability Adjusted Life Years
DGSP	General Directorate of Human Health - MoH
EsSalud	Health Social Insurance Institute
GalenHos	Hospital management information system
GoP	Government of Peru
IDB	Inter American Development Bank
ILO	International Labor Organization
INEN	National Institute for Neoplastic Diseases
MoF	Ministry of Finance
MoH	Ministry of Health
NCHP	National Concerted Health Plan
NDI	National Democratic Institute
OEI	General Office of Statistics and Information Technology - MoH
ONPE	National Office of Electoral Processes
PAHO	Pan American Health Organization
PAR Salud	Program of Support to Health Reform
PRHP	Participatory Regional Health Plan
RHC	Regional Health Councils
RHD	Regional Health Directorate
SDD	Social Development Division
SEEUS	Software for the Analysis User Satisfaction Surveys
SEPS	Superintendence of Health Entities
SIS	Integrated Health Insurance
SISFOH	Household Targeting System
SNIP	National Public Investment System
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children and Education Fund
USAID	United States Agency for International Development
YLD	Years lost due to disability

Executive Summary

National level

During the second year of the project, the country has seen an overall change of governmental authorities at the three levels of government (national, regional and local) as well as a widespread change of public health officials. As a consequence of the Government of Peru (GoP) intention to accelerate the decentralization process, new important institutions appeared in the national public scene: the Decentralization Secretariat of the Prime Minister's Office (after the dissolution of the National Council of Decentralization) and the National Assembly of Regional Governments (NARG) constituted by 25 Regional Presidents and supported by a Technical Secretariat.

In the MoH this also meant a turnover of mid level managers of the main offices, which was particularly acute in the Integrated Health Insurance (SIS) with 5 chiefs in a 12 month period. Even though during the period there has been no change of Minister, that a health reform agenda has been established - particularly regarding decentralization and health insurance- and that the National Concerted Health Plan (NCHP) was formulated and approved, several difficulties have weakened the public image of the MoH: inability to purchase ambulances, HIV-AIDS infection of patients, deaths presumably as consequence of yellow fever vaccination, and most importantly a corruption scandal in SIS due to overpriced purchases of food destined to the victims of the earthquake that affected the southern part of the country.

In this setting, during the period PRAES has supported the MoH to define rules in transference of functions to Regional Governments and to design the transfer process to Local Governments. In reference to the transfer to Regional Governments, it was necessary to inform new health authorities about the previous concerted process between national and regional level, the map of health functions as well as the transfer process of those functions. Also, PRAES gave recommendations to the MoH about specific requirements for the accreditation of Regional Governments and promoted dialogue with health regional authorities through Macro Regional meetings. This dialogue has permitted concerted rules and has facilitated the accreditation process. Finally, 22 of 23 Regional Governments have accredited all functions established in Regional Governments Organic Law. However, at the end of the period, the definition on the transfer of financial resources in line with the new health functions is still pending.

In reference to the transfer of health functions to Local Governments, the project has contributed with the MoH to design a gradual process based on a consensus building approach between Regional Governments and prioritized Local Governments, The MoH organized in October 2006 an International Symposium about Decentralization to Local Governments, with the support of PRAES and other cooperation projects, and in November a workshop with Peruvian experts about the same theme. Also, PRAES promoted the dialogue about this process between national and regional level authorities through Macro Regional meetings.

The project was also active providing technical assistance for the formulation of the National Concerted Health Plan, a process that engaged approximately 2 500 individuals through regional consultations. However, the process entailed some conflict due to leadership struggles within the MoH and other external tensions that led to the cancellation of the announced National Assembly. By July the plan was approved and an actual implementation plan is still pending. With the aim of collaborating with the implementation of the NCHP, the Northern Macro Region organized a successful meeting to define the NCHP priorities for its 10 regions.

Universal health insurance is a main reform policy that has been announced on several occasions by President Garcia. The project has worked closely with the MoH to develop the Burden of Disease study and elaborate a National Health Insurance Benefit Plan, which was completed for the primary level health care, including a costing exercise, actuarial analysis and financial requirement estimates. By the end of the year, the project is finalizing the National Health Insurance Benefit Plan for catastrophic events.

Regional level

The change of authorities in the regions and the elimination of the previous selection processes of Regional Directors in all sectors brought about changes in the Regional Health Directorates and their management teams. During the period, the focus of the project's technical assistance has been on the accreditation of health functions to Regional Governments and the reorganization of the Regional Health Directorates, with positive outcomes. At the local level, staff and short term consultants have provided support for the design and implementation of local decentralization pilot experiences. This has included facilitating political agreements between Regional and Local Governments, organizing technical and participatory workshops for the formulation of Local Health Plans in accordance to the Participatory Regional Health Plans and the reorganization of networks and micro networks in the local decentralization pilot zones. One of the main current challenges of health decentralization is the generation of local governments' capacities to implement the process of local decentralization. During second year PRAES worked jointly with the National University Pedro Ruiz Gallo of Lambayeque and the National University of Trujillo to design the contents of a training program to generate capacities and abilities for local governments, health networks and micro networks.

Main highlights

1. A major achievement has been the formulation and approval of the National Concerted Health Plan (NCHP). Following on the Political Parties Agreement of Health, which was subscribed by 16 national political parties in 2006, the project assisted and provided the MoH with technical expertise to develop proposals regarding strategic objectives, indicators (base lines and goals) and key interventions related to health problems, health system problems and problems related to health determinants. The technical proposal of the NCHP went through an ample participatory process (in all the regions) which will lead to the final NCHP. Ten regions of northern Peru organized, which PRAES support, a large participatory meeting to prioritize the strategic objectives of the NCHP from the standpoint of the macro region and contribute to its implementation. This meeting was attended by 500 individuals representing authorities and officials, experts, social organizations and citizens.

2. After a consensus building process between the MoH and Regional Governments regarding the decentralization process, which was supported by the project, in 2007 approximately 22 out of 23 Region Governments have accredited competencies for all health functions which will be transferred in December, 2007, thus completing the health sector transfer plan to the regional level. The project organized a permanent dialogue between the national and regional level authorities throughout this process through macro regional executive meetings, which now onwards are going to be supported by the Prime Minister's Decentralization Secretariat and the MoH.

3. The new government launched the health sector decentralization process to local governments through pilot experiences. The project has assisted the MoH in the design of guidelines for local government decentralization and in the 4 regions has supported dialogue between regional officials, health workers, local government authorities and civil society representatives to select priority areas, develop political agreements and design pilot experiences in each region. The project has designed a management training program to strengthen local government primary health services management, which will be carried out by 2 local universities in the future as a main element for capacity building at this level.

4. As a main strategy for the implementation for the Regional Participatory Health Plans, the project provided assistance at the Regional Health Directorate level for the formulation of 2008 Institutional Operation Plans

and result-based budgeting in 4 Regions. On this basis, PRAES has assisted regional officials, health workers, local government authorities and civil society representatives to elaborate a participatory local health plan in each priority area. Also, support was provided for the territorial delimitation of health networks and micro networks in the 4 regions.

5. An important product during 2007 has been the National Burden of Disease study. Its elaboration has entailed strengthening methodological and analytical capacities of key personnel of the country`s national health institutes, which has resulted in the institutionalization of the methodology. This study has also had policy making implications, particularly regarding financing decisions.

6. On the basis of the National Burden of Disease study, PRAES completed the design and experts' validation of the Health Insurance Health Benefit Plan for the first level in close collaboration with the MoH. Actuarial analysis and costs calculation developed by the project allowed the estimation of base year estimation of financial requirements, which were the basis of a successful negotiation between MoH and the Ministry of Finance (MoF) which has established an initial agreement of 1 billion soles over the next 5 years for universal insurance coverage in the country.

7. The Ministry of Finance (MoF) has completed the first stage of data collection for the implementation of SISFOH (Household targeting system). The current data base includes 5,4 million individuals. In the second stage, 500 thousand households will be included. MoF is actively working towards the institutionalization of SISFOH as the targeting information system for all social programs.

8. After the successful adoption by MoH of SEUSS (Software for the analysis of the User Satisfaction Surveys), a new module to measure, monitor and benchmark health workers job satisfaction has been developed and validated in close collaboration with MoH. A country wide implementation has been planned by MoH.

Table i: PRAES Performance Indicators – Year 2
According to Performance Benchmarks for year 2 1/

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Program output	A clearing house and critical review of key health policy documents produced in Peru during 1995-2005 has been completed	National	1	1	100%
Program output	Number of technical reports have been submitted to newly elected authorities at the regional level	Regional	3 reports in each regions	3 reports in each regions	100%
Performance indicator	Regional and selected Local Governments have agreed upon transference plans (pilot experiences)	Regional/ Local	1 pilot experience in each region	1 pilot experience in each region	100%
Performance indicator	Number of Regional Health Directorates that have updated Regional Health Accounts	Regional	3	2 (*)	67%
Program output	Regional Health Accounts software has been disseminated	National	Yes	Yes	100%
Performance indicator	Number of regional Governments that have approved Regional Health Directorates' reorganization	Regional	2	2	100%
Performance indicator	Number of local universities that provide health management training services	Regional	1	2	200%
Program output	PROGRESA updated for Local Governments	National / Regional	1	1	100%

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Performance indicator	Number of joint initiatives implemented by Macro Regions	Macro Regional	3	3	100%
Program output	Number of Macro Regional meetings	Macro Regional	10	10	100%
Performance indicator	Number of Action Plans that have been funded	Regional	3	3	100%
Program output	Technical report "Micro network management" has been elaborated	National	1	1	100%
Program output	Number of Project Monthly Bulletins that have been disseminated	National	8	8	100%
Program output	Technical report: "Proposal for the creation of NHOA" has been elaborated	National	1	1	100%
Program Output	National Burden of Disease Study completed	National	1	1	100%
Performance indicator	MoH has approved the proposal of the Health Insurance Benefit Plan	National	Yes	Yes	100%
Program Output	Technical report: "Health Insurance Benefit Plan proposal" has been elaborated	National	1	1	100%
Performance indicator	Number of districts that have been included in SISFOH	National	74	158	214%
Performance indicator	Number of PRAES initiatives supported by project and donor community	National	3	3	100%

1/ *PRAES Annual Implementation Plan – Year 2,* November 2006.
(*) Ongoing.

Table ii: PRAES Performance Indicators – Year 2

According to USAID Indicators

Indicator Title	Results Planned	Results achieved	%	Description	Source
Number of improvements to laws, policies, regulations or guidelines related to improved access and use of health services drafted with USG support	30	32	107%	Under USG support, MoH has approved the country's first National Concerted Health Plan which includes 32 health policies on the basis of a participatory based process.	*Plan Nacional Concertado de Salud* , approved by MoH on July, 2007
Number of people trained in monitoring and evaluation with USG assistance	320	400	125%	Under USG support, 4 Regional Governments have monitored and evaluated health policies results performance and have updated budget estimates accordingly.	Action Plans, Institutional Operational Plans and budgets of 4 DIRESA
Number of people trained in strategic information management with USG assistance	180	236	131%	The following number of people have been trained in stategic information management, under USG assistence: SEEUS (System of evaluation of health user satisfaction): 200 trainees ACRES (System of Regional Health Accounts): 36 trainees	Project records of training activities
Number of policies or guidelines developed or changed with USG assistance to improve access and use of FO/RH services.	10	40	400%	Under USG support, 4 Regional Governments have updated health policies to implement their Participatory Regional Health Plans. In each region, 10 policies have been revised.	*Plan Participativo Regional de Salud de Lambayeque, Plan Participativo Regional de Salud de La Libertad, Plan Participativo Regional de Salud de Ucayali, Plan de Gobierno en Salud de San Martin*

1. Summary of progress

1.1 Component 1: Advocacy for Health Sector Agenda during Government Transition

1.1.1 Purpose

The election of a new government brought about the expected change in the health sector authorities and officials. The project had previously facilitated consensus building processes regarding the health reform agenda with the aim of contributing to alleviate the negative effects of government transitions in the sector due to weak institutionalization and lack continuity of public health policies. Fortunately, both at the national level as well as in 4 regions the political parties' agreements provided a basis for the continuation of certain health sector priorities, particularly decentralization and health insurance, which have appeared as key themes in the governments' agenda.

At the national level, this was facilitated by the fact that key positions of the MoH were appointed to APRA's participants of the National Parties Health Reform Program developed during the pre-election period. However, it was evident that the new mid-level MoH officials had little information on previous processes, which entailed the risk of slow progress. At the regional level, with exception of Lambayeque, in which the Regional President was re-elected, the new authorities and officials faced the same difficulties.

From a long term perspective, limitations of the majority of political parties are the limited technical abilities of their members, specifically regarding health reform, as well as a certain lack of democratic practices within the parties. Both aspects contribute to weaken political organizations and in general a lack of confidence of the public towards the current political party system.

With the purpose of contributing to diminish these risks at the national level and in 4 regions, during the second year of the project, the component has been aimed at:

- Informing the new authorities and officials of the health reform agenda and particularly about the progress of the decentralization and health insurance processes.
- Strengthening future politicians' capacities regarding political parties and health sector reforms.

1.1.2 Results

Newly elected government authorities and appointed health authorities and officials at the national level and in 4 regions will receive needed information and policy advice in a timely fashion

As shown in Table 1, during the second year the project made substantial efforts to inform key actors about the previous processes in the health sector, both at the national as well as the regional levels.

Regarding the decentralization process, particularly during the first semester the project engaged in continuous dialogue with key actors through meetings with the newly appointed MoH Vice Minister, main health officials and members of the Decentralization Secretariat of Prime Minister's Office, with the aim of familiarizing them with the strengths and limitations of the previous process and discussing the implications for the new phase of the implementation of the decentralization policy. The project has also been active in organizing the Health Decentralization Work Group, constituted by MSH, Initiative in Health Policies, Pathfinder, CARE, Foro Salud, Amares Project, MuniRed (Municipalities Network) and REMURPE (Peruvian Rural Municipalities Network). This group has provided support to the MoH to analyze the decentralization process to local level and has participated in the selection of pilot projects areas in different regions as Piura (CARE), Lambayeque (PRAES), La Libertad (PRAES), San Martin (PRAES, MSH), Ucayali (PRAES), Huanuco (MSH, Initiatives and Pathfinder), Pasco (Initiatives and Pathfinder), Junin (Initiatives), Huancavelica (CARE) and Ayacucho (Amares).

Table 1: Main activities of Component 1

	Health Sector Decentralization	Health Insurance
National	Meetings and participation in events organized by Congress – Decentralization and Health Committees	Meetings and facilitation/participation of/in events organized by Congress – Health Committee
	Meetings with Prime Ministers Office – Decentralization Secretariat	
	Organization and participation in meetings of the Decentralization Work Group	Organization and participation in meetings of the Health Insurance Work Group
	Meetings and facilitation/participation of/in events organized by MoH	Meetings and facilitation/participation of/in events organized by MoH and SIS
	Participation in public forums organized by different organizations at the national level	
Regional	Meetings and technical assistance to the National Assembly of Regional Presidents (NARP)	
	Meetings with Regional Presidents	
	Meetings with Regional Governments Counselors	
	Meetings with regional health authorities and officials	
	Meetings with health facilities' workers	
	Participation in public forums organized by different organizations at the regional levels	

Similarly, the project provided information and advice to the Health Committee and the Decentralization Committee of the National Congress about the regional and local decentralization processes. Several technical meetings and events were co-organized with the Health Committee regarding decentralization initiatives both in Lima and in regions. Additionally, PRAES' team members have participated in multiple meetings and events organized by different organizations to inform and contribute to the debate of the decentralization process.

At the regional level, information was provided to new regional authorities in Lambayeque, La Libertad, San Martin and Ucayali, continuing the previous work with regional political movements and parties. These activities included meetings and workshops with presidents, counsellors and health officials.

During last year, multiple legal proposals regarding a Universal Health Insurance Law have been elaborated and submitted to the Congress (see Table 2). Additionally, the Executive Power constituted a Top Level Committee (RM-001-2007-SA) with members of MoH, Ministry of Labour, SIS and EsSalud with the purpose of drafting its own proposal. In this context the MoH requested a systematization of the various legal proposals that have been submitted to Congress as well as the facilitation of a workshop s with representatives of the MoH, EsSalud, Health and Social Security Congress Committees with the purpose of identifying similarities and differences between the proposals. The results of the workshop informed the Top Level Committee and were an important input in the drafting of the legal proposal of the Executive. Currently the Executive Power has not sent the proposed law to Congress due to the Ministry of Finance's observation to several articles.

On the other hand, the Health Committee of Congress promoted the elaboration of a consensus proposal on the basis of the different initiatives and requested PRAES the organization of workshops with congressmen advisors to formulate a majority recommendation (pre-dictamen) regarding the Universal Insurance Law. This proposal has not yet been discussed in Congress due to the fact that the proposal of the Executive has not yet been sent.

Table 2: Legal proposals submitted to the Congress

Organizations	Legal Proposal	Author
UPP Party	LP 786	Martha Acosta
	LP 915	Margarita Sucari
	LP 869	Francisco Escudero
APRA Party	N.D.	Helvezia Balta
	N.D.	Luis Wilson
UN Party	LP 789	N.D
Peruvian College of Physicians / Foro Salud	N.D.	N.D

During the year the project organized the Health Insurance Work Group, constituted by Spanish Agency for International Cooperation (AECI), PAR Salud (World Bank and IDB), European Commission, Belgium Cooperation, PAHO, UNICEF, ILO, UNFPA and PRAES. This group systematized the assistance that the cooperation agencies are providing to the health insurance reform[1], in order to improve inter-agency coordination and responsiveness to GoP needs.

As a result of these activities, the project has contributed to avoid a slow down in policy implementation during the early period of the new administrations. However, much yet remains to be done in terms of designing and implementing a public communication campaign to inform the population of the new policy orientations and engage them in active consultation, specially regarding the benefits of health decentralization and insurance.

Young members of main political parties develop capacities to democratize their political organizations and are familiarized with the health reform agenda (new result)

Recognizing the importance and the function of the political parties in a well functioning democracy, the project partnered with CARE, CIES and NDI to develop a Political and Health Reform Program with the objective of promoting in a group of young leaders of national and regional parties, capacities for the implementation of political parties reform and public policies in health.

Table 3: Participants in the Political and Health Reform Program

Political party	Level (National or Regional)	Number of Participants
Partido Aprista Peruano	National	3
Partido Peru Posible	National	3
Partido Unidad Nacional	National	3
Partido Somos Peru	National	1
Partido Alianza Para el Progreso	National	1
Partido Restauracion Nacional	National	3
Movimiento Politico Independiente Proyecto	Regional	2

[1] See annex B for a detailed list of the activities of the group members.

Political party	Level (National or Regional)	Number of Participants
Integracionista de Comunidades Organizadas		
Frente Popular Llapanchik	Regional	3
Solidaridad Nacional	National	2
Partido Accion Popular	National	2
Partido Movimiento Humanista Peruano	National	3
Movimiento Nueva Amazonia	Regional	2

The program consisted of 11 sessions that covered a wide range of topics, including fundamental concepts of public health policies and tools for party renewal and political reform. During ten months the participants organized in mixed groups developed proposals and legal initiatives as an exercise which allowed them to have an inter-party dialogue.

Table 4: Contents of the Political and Health Reform Program

Political Reform	Health Sector Reform
Ethics and Politics	History of public health
System of parties in the republic	Panoramic view of health in Peru
Strategic planning for parties	Stewardship of the health system
State reform	Decentralization of health system
National agreement, Agreement of political parties in health	Rights in health and participation
Transparency	Health financing
Reaching out to new sectors	Health insurance
Internal democracy	Health services delivery
Political communication	Child malnutrition
	Maternal mortality
	Pharmaceuticals
	Human resources

1.1.3 Performance

This component has reached all the expected performance indicators as shown in the table below.

Table 5: Component 1 Performance Indicators

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Program output	A clearing house and critical review of key health policy documents produced in Peru during 1995-2005 has been completed	National	1	1	100%
New Program output	Systematization and consensus based proposal of a National Health Insurance Law	National	1	1	100%
Program output	Number of technical reports have been submitted to newly elected authorities at the regional level	Regional	3 reports in each regions	3 reports in each regions	100%
New program output	Number of young political members trained in political parties and health reform	National/ Regional	24	24	100%

1.2 Component 2.a: Health Sector Decentralization – Transfer of Health Functions

1.2.1 Purpose

In October, 2006 President Garcia announced a "decentralization shock" specifying 20 measures to accelerate the process. Regarding the health sector, three specific measures are relevant (1, 2 and 7):

> *"1.- We will proceed till December 31st, 2007 with the transfer of 185 sector functions (…) in all the State sectors, both social and productive. (…) functions will be transferred with their human resources, budgets and material goods to the regional governments so that they will be able to make decisions in the health area (…)*
>
> *2.- (…) the Regional Governments will directly and freely designate their regional directors in all the social and productive areas.*
>
> *7.- As from January, 1st, 2007 an ambitious pilot plan to transfer primary health care to the municipalities of all the country..."*

During the previous administration, the health sector had made considerable progress regarding the consensus decision making process between the MoH and the Regional Governments. Consequently, the health functions and faculties to be transferred were clearly established in a Medium Term Health Decentralization Plan and significant progress was made in the transfer corresponding to the 2005 Annual Plan. However, due to the election process no advancement was possible regarding the 2006 Annual Plan in any sector. The adopted measure 1 of the new administration implied the acceleration of the transfers to Regional Governments and therefore required the simplification of the certification and accreditation processes. In this context, the government dissolved the National Council of Decentralization and created the Decentralization Secretariat of the Prime Minister's Office, with the intention of channelling more direct communication between the national executive and the regional governments. This triggered the formation, in March, 2007, of the National Assembly of the Regional Governments constituted by 25 Regional Presidents as an associative organization to further the decentralization process.

Regarding measure 2, the MoH had been actively promoting and participating in the selection processes of Regional Health Directors and their periodic evaluations. Notwithstanding that these procedures needed some revision to make them more effective, there was initial evidence of positive effects, particularly increased legitimacy and stability of the managerial bodies. Although the positive intention of measure 2 of giving more autonomy to the Regional Governments, the effect of this measure has been the removal of merit based rules for the selection and permanence of Regional Health Directors and the deferral of the application of similar procedures for the designation of hospital, network and facility directors.

The implementation of pilot experiences as the main strategy for health decentralization to the local governments was clearly established by measure 7, in recognition of the vast heterogeneity of the municipalities in the country. The Supreme Decree 077-2006-PCM of October 31st, 2006 introduced some important precisions regarding this strategy, particularly the need to preserve the organization of health networks and micro networks, with the intended purpose of avoiding the atomization of the health facilities as seen in "municipalization" experiences in other countries.

In this context, the purposes of component 2.a. for year 2 were:

- Promoting the continuation of the consensus building process though intergovernmental dialogue between national, regional and local levels, which had been widely recognized as a particular strength of health decentralization, as opposed to more vertical approach in other sectors. This included extending horizontal dialogue and cross fertilization between the Regional Governments, by organizing executive meetings of three macro regions.

- Supporting the definition of new rules for the certification and accreditation processes of regional competencies related to the defined health functions and faculties.

- Assisting the MoH, Regional and Local Governments in the design of the process of decentralization to the local level and its implementation in 4 regions.

1.2.2 Results

The MoH, Regional and Local Governments have agreed on a Plan of Transfers of Health Competencies and Functions

Initially, the new MoH administration showed signs of being reluctant to continue the quarterly national meetings with regional governments that had previously been an effective mechanism to reach consensus and specific agreements about health sector management. In this setting, the project played an important role in promoting and extending periodic meetings between the MoH and the Macro Regions, which has been of importance to keep the health decentralization process on track.

During the year, PRAES has been active in providing technical recommendations to the MoH about the transfer process of health functions to Regional Governments. On February, 2007 MoH issued the specific requirements for the accreditation process and the project promoted dialogue on this topic with regional health authorities through Macro Regional meetings on March, April and May. This dialogue facilitated the approval of concerted rules and criteria for the certification process in a national workshop on May. Between June and July, 16 of 23 Regional Governments accredited all functions stated in the Regional Governments Organic Law; including Lambayeque, La Libertad, San Martin and Ucayali. Two months later, other 6 Regional Governments accredited all functions[2]. On July and August, PRAES gave technical assistance to Regional Health Directorates to elaborate additional demands for the 2008 health budgets, within the result-based budgeting methodology introduced by the Ministry of Finance. This was in response to a request by the National Assembly of Regional Presidents. However, it is important to mention that the explicit definition of the financial resources that should accompany the transfer of functions is still pending at the end of year 2.

Regarding the transference of health primary care management to Local Governments, following the approval of the Supreme Decree 077-2006-PCM on October 2006, the MoH organized an International Symposium to analyze international experiences of health decentralization to the local level. PRAES and other cooperation agencies and projects technically and financially supported the activity. Through the year, the project provided significant technical input to two important official documents: “Development of the health functions in the Local Governments” approved by the MoH on May, 2007 and the “Guidelines for implementation of the pilot projects of health decentralization to Local Governments” approved on August, 2007.

[2] Only Cusco is pending.

Summary of the health pilot experiences process of implementation

Legal norms:

- Law Nº 27680. Constitutional Reform Law of the Chapter XIV from the Title VI, about decentralization. March 2002.
- Law Nº 27783. Law of the Basis of Decentralization. July 2002.
- Law Nº 27972. Organic Law of municipalities. May 2003.
- Supreme Decree Nº 077-2006-PCM. Transference of the Primary Health Care Management to the Local Governments. October 2006.
- Ministerial Resolution Nº 1204-2006-MINSA. Definition of Primary Health Care Management. December 2006.
- Ministerial Resolution Nº 042-2007-MINSA. Decentralization of the Health Function in the Pilot Projects for the Transference to Local Governments. January 2007.
- Ministerial Resolution Nº 187-2007/MINSA. Transference Sector Plan of year 2007. February 2007
- Supreme Decree Nº 027-2007-PCM. Obligatory National Policies on Decentralization. March 2007.
- Ministerial Resolution Nº 366-2007-MINSA. Development of the health functions in Local Governments. May 2007.
- Ministerial Resolution Nº 614-2007-MINSA. Guidelines for implementation of the pilot projects of health decentralization to Local Governments. August 2007.

Phases of the pilot experience:

- The awareness and information phase: Regional presentation of the local decentralization proposal. Completed in Lambayeque, La Libertad, San Martin and Ucayali.
- The function transference phase: Design of transference blocks, management agreements, and capacities strengthening plans. Initiated in Lambayeque, La Libertad and San Martin.
- The execution phase: Formalization of management agreements and execution of pilot projects.
- The identification of normative arrangements phase: Identification of necessary normative arrangements between National, Regional and Local Governments. Also, this phase will include the agreements between the different levels on the pilot project.
- The supervision and monitoring phase: Implementation of supervision and monitory of management agreements and commitments.
- The evaluation and accountability phase: Intergovernmental evaluation of the execution of pilot projects.

There has been much debate between health sector actors about the characteristics, contents and scope of this process. The project has been actively involved in the discussions about the roles of the Local Governments related to health, advancing the following main thesis:

- The pilot experiences should focus not only on the new local health functions related to primary care service management, but also on basic sanitation, environmental health and health promotion and prevention, which are long standing responsibilities of local governments that currently are weakly carried out. In this sense, local health decentralization should be seen as an opportunity to strengthen the implementation of an integrated primary health care model at the local level as an essential element of a reorganization of the health system.
- Regarding the primary health service level, the project has promoted the need to deepen the network and micro network organization model, revising the rules for their delimitation, strengthening their management roles and integrating the CLAS model.
- The above recommendation requires a solution to the non-correspondence of the network and micro network scope with the territorial delimitation of municipalities. In this regard, the project has analyzed the convenience of promoting municipal commonwealths (“mancomunidades”), in

order to introduce economies of scale in the exercise of health related functions[3]. On May 2007, the Municipal Commonwealth Law (Law 29029) was passed that states the nature of municipal commonwealth and the mechanisms to create them.

- Another important aspect is to define the local health management models, taking into account the current capabilities of the municipalities. In this sense, the project has proposed the following staged models.

Table 6: Local Government health management models

	Collaborative model	Delegate model	Decentralized model
Direction	Board of Regional and Local Governments at the Micro Network	RG establishes and controls goals and gives technical assistance to the LG / Commonwealth. Management under control of RG	RG: Resolutions and general oversight (policies) Municipal Commonwealth
LG Role	Intermediation of population needs	Executors, co-responsible.	Direction, financing, local policies
Administrative Management	Resources at RG	Each function or faculty by specific delegation	At the Municipal Commonwealth (separate from other health services)
Administrative responsibility	All in RG	RG: supervision and stewardship LG: Commonwealth executors	At the Municipal Commonwealth
Technical responsibility	RG	By specific delegation	At the Health Network
Financing	Only by specific agreements	Transference from RG to LG/ Commonwealth	Minimal specific allocation on basis of predetermined criterions.
Advantages	▪ It assures continuity. ▪ Learning process. ▪ Confidence building. ▪ It permits creating, proving and implementing tools and institutional arrangements for the other stages.	▪ Different combinations of functions/faculties in order to advances and reality of each pilot project. ▪ It permits canceling of functions/faculties transferences. ▪ It permits adjustments.	▪ Close to the beneficiaries: services adjusted to demand. ▪ Complementary with other functions and sectors (territorial scope).
Challenges	▪ Risk of becoming only a formal instance, but LG as responsible for the population. ▪ Not sustainable in medium term.	▪ Capacity of the RG that delegates for making monitoring of resources use (execution by in charge and delegation doesn't exclude the administrative responsibility.	▪ Capacity lost of implementing national and regional policies (incentive mechanism). ▪ Increasing of transaction costs (information).

RG: Regional Government LG: Local Government
Source: Ugarte Vásquez Solis, Mayen; Arguedas, Cinthya (2007): ***Health Decentralization Model for the Local Level***, Lima: PRAES- Promoviendo alianzas y estrategias, Abt Associates Inc.

Finally, the project has supported Regional Governments initiatives to decide where to organize pilot experiences in coordination with Local Governments, adapting the national rules. In Lambayeque on February an Intergovernmental Technical Team was formed by delegates of the Regional Government and Municipalities that selected the pilot zones including the Salas District, which is a priority zone for the implementation of the Participatory Regional Health Plan (RPHP) due to its poverty conditions. In La Libertad, the Regional Government signed a Health Agreement with Municipalities and later agreed on a pilot zone in the Sanchez Carrion Province, also a PRHP priority zone. In San Martin, regional authorities decided to prioritize six

[3] See Annex B for a description of the local health functions which has been proposed to the MoH by the Northern Macro Region.

districts of the Lower Huallaga zone as a pilot zone in order to promote an integral decentralization plan. In this case, a pre-existing municipal association has actively been involved and is committed to conduct the process. Finally, in Ucayali the authorities of the Atalaya Province (the PRHP priority zone) have decided to take steps to develop a decentralization pilot zone, but Regional Government has not made a formal decision yet.

Table 7: Local health decentralization pilot zones

	Province of Sanchez Carrion – La Libertad	District of Salas – Lambayeque	Districts of the Lower Huallaga - San Martín	Province of Atalaya – Ucayali
Population	Total: 127 562 Huamachuco: 44 928 Chugay: 18 296 Cochorco: 9 058 Curgos: 8 086 Marcabal: 12 459 Sanagoran: 12 559 Sarin: 9 009 Sartimbamba: 13 167	Total: 14 035 Salas: 14 035	Total: 23 661 Barranquita: 6 181 Caynarachi: 6 800 Chipurana: 1 879 El Porvenir: 1 614 Huimbayoc: 4 539 Papaplaya: 2 648	Total: 39 613 Raymondi: 26 775 Sepahua: 7 582 Tahuania: 5 256
Poverty index [1/]	Average: 0.92 Huamachuco: 0.70 Chugay: 0.93 Cochorco: 0.95 Curgos: 0.91 Marcabal: 0.95 Sanagoran: 0.99 Sarin: 0.91 Sartimbamba: 0.97	Average: 0.89 Salas 0.89	Average: 0.77 Barranquita: 0.85 Caynarachi:0.68 Chipurana: 0.85 El Porvenir: 0.55 Huimbayoc: 0.82 Papaplaya: 0.84	Average: 0.83 Raymondi: 0.88 Sepahua: 0.58 Tahuania: 0.90
Number of districts	8	1	6	3
Number of health facilities: I-1 I-2 I-3 I-4 II-1	21 5 11 4 1	8 6 2	35 32 4	23 18 2 2 1

1/ Source: FONCODES, 2005. Index range from 0 to 1, where 1 is highest unsatisfied need.

Three Regional Health Directorates will continuously produce and analyse Regional Health Accounts information necessary to perform decentralized functions

The Regional Health Directorates of La Libertad, Lambayeque and Ucayali, with the supervision of PRAES, updated the estimation of Regional Health Accounts (RHA) for 2004 and 2005. In their estimation, they used ACRES, software developed by PRAES to facilitate the continuous periodical estimation. The analysis and presentation of final results to key regional authorities is still pending due to several reasons:

- Time constraints faced by the team responsible of the measurement, giving priority to other activities related to budgeting, planning and investment formulation, among others (case of Lambayeque and Ucayali).

- Turnover of the responsible in charge to conduct the estimation process (case of La Libertad). Under this circumstance, PRAES provided technical assistance regarding organizational and methodological to the new designated official.

To facilitate the extension of the methodology to other regions, PRAES decided to organize in Lima a training course to those regions that showed interest in the measurement of RHA. The participants of this first course were the members of the Planning Office of the Regional

Government and the Regional Health Directorate of Amazonas, Ayacucho, Arequipa and Madre de Dios.

Producing periodical estimation of RHA requires a political demand from the authorities that support a continuous work. A way to create the need for results is to link some RHA indicators (i.e. out-of-pocket expenditures as percentage of regional health expenditures) to the Regional Performance Budget

Two Regional Governments will approve the Regional Health Directorates' reorganization plans

Despite that the attribution of Regional Governments to establish their own organizational structure is a constitutional and exclusive competence stated by the decentralization legal framework, their autonomy to establish the organization of the Regional Directorates was not clearly stated in the Organic Law of Regional Governments. This uncertainty was clarified with the changes introduced in the Organic Law of Regional Governments passed by Congress in response to the second measure announced in the context of the "decentralization shock", which stated that the Regional Governments are autonomous in establishing their own organic structure for the Regional Directorates that they decided to create. In this context some Regional Governments were interested in reorganizing their Health Regional Directorates. During the year the project's technical advice was focused in La Libertad and Lambayeque.

In La Libertad, the Regional Government was interested in the reorganization of the Regional Health Directorate, and requested PRAES' technical advice. On May 2nd, the Regional Health Director launched a directorial resolution declaring in reorganization the administrative unit of the Regional Health Directorate and constituting a special leading commission in charge of conducting the reorganization process and elaborating a reorganization proposal in ninety days. This commission was led by Dr. Carlos Ramírez, chief of the Human Health Office and also integrated by the chiefs of the Strategic Planning Office, the Office of Human Resources Development, the Health Services Unit and the management team coordinator. The main rationale for this decision was the Regional Health Directorate's weakness to comply with its conducting role at the operative level. PRAES' technical advice consisted in assisting the commission in designing the organic structure, defining the institutional vision, mission and roles, the distribution of health functions amongst the Regional Government and the Regional Health Directorate and the design of the first level organizational structure and their correspondent unit roles. This work proposal had a good acceptance from the reorganization commission. Additionally, we identified that the critical issues for its implementation would be the process of decentralization of functions of the current line organizational units to the Health Networks and the constitution of the Institutional Development Office, which could act as a change force for the implementation of the reorganization process.

In Lambayeque, the Regional Government launched a resolution compelling the Regional Directorates to elaborate reorganization proposals. In this context, in July the Social Development Division (SDD) and the Regional Health Directorate requested technical advice. PRAES presented a methodological proposal for this purpose; the officials were very interested and agreed with it; additionally the SDD manager wanted its application to another sector (Education). Progress had been made in defining the general organizational strategy: the Regional Health Directorate reorganization objectives; institutional tenets and management principles; institutional vision, mission and roles, and analysis of the Regional Health Directorate institutional context. Additionally, the distribution of health functions between the Regional Government and the Regional Health Directorate was completed and finally the first level of the Regional Health Directorate organizational structure and the primary and secondary criterions for organizational structure (identifying the Health Networks as the decentralized organizational units) were agreed upon. Additionally, the first level organizational units of the Regional Health

Directorate headquarter and their roles and the specialization criterions for the second level units were defined.

In the process of this work it has become evident that two opposing forces to reorganization may arise: on one hand, resistance to change from the personnel in the Regional Health Directorates that may feel threatened in terms of their actual positions and, on the other hand, the tendency of the MoH at the national level to expect that the Regional Health Directorate should "mirror" the MoH organization, in a way in which every division and office of the national MOH has a counterpart in the regions. It is therefore necessary to engage the MoH in a dialogue on Regional Health Directorates' reorganization to avoid future conflict.

Four Regional Health Directorates will develop anti corruption plans (new result)

The Regional Health Agreements of Political Parties in the regions included the need to develop and enforce policies to combat corruption in the health sector. In order to assist this important initiative, PRAES has partnered with the well known and respected NGO Pro Etica that specializes in this delicate field. The aim of this joint technical assistance to the 4 regions is to further expand the dialogue about the corruption phenomena with key regional actors, strengthen their consciousness of its importance and negative implications for the functioning of the health system, explore the main corruption problems and elaborate a specific anti corruption plan. This new project activity is also oriented at contributing to one of the Millennium Challenge Account indicators in which Peru is under the median and thus is a current priority.

The initiative was well received and supported by the elected Presidents of La Libertad, Lambayeque, San Martin and Ucayali, as well as the Regional Health Directors and in all cases a special Committee ascribed to the Regional Health Council was commissioned to produce an anticorruption plan. These committees have incorporated a wide range of key actors of the public sector and the civil society in each region as is shown in the table below.

Table 8: Participants in Anticorruption Plan Committees

La Libertad	Lambayeque	San Martin	Ucayali
Regional President Regional Social Development Division	Regional Social Development Division	Regional Social Development Division	Regional Social Development Division
Regional Health Directorate	Regional Health Directorate	Regional Health Directorate	Regional Health Directorate
Regional Health Council	Regional Health Council		Regional Health Council
Regional Housing Directorate	Centro for Women Emergency – MIMDES		
	Picsi Municipality	Provincial Municipality of San Martin	
	Medical Association	Medical Association	Medical Association
Nurses Association	Nurses Association	Nurses Association	Nurses Association
Biologists Association		Association of Professionals of San Martin	
Pharmacists Association			
Peruvian Nutritionists Association (CNP II Region)			
Obstetricians Association		Obstetricians Association	
Chemists Association			
Workers Union of the Regional Hospital		Regional Administrative Workers Union	
Medical Federation		Federation of Workers of San Martin	
	Las Mercedes Hospital	Moyabamba Hospital	Regional Pucallpa Hospital
	Private University of Chiclayo	National University of San Martin	National University of Ucayali
	Nursing School – University		

La Libertad	Lambayeque	San Martin	Ucayali
	Pedro Ruiz Gallo		
Mesa de Concertación para la Lucha Contra la Pobreza		Mesa de Concertación para la Lucha Contra la Pobreza	Mesa de Concertación para la Lucha Contra la Pobreza
Foro Salud	Foro Salud	Defense Organization of Tarapoto	Foro Salud
AREFOBALL (Women Regional Social base Associations)	ONG Women Group	FREDEIMAN	NGO PRISMA
Civic Association Pro Salud Vida - TBC (Acipsavi- TBC)	COREMUSA		National Network for Women Promotion
HIV Patients Association (ARPPOLL)	Association for the Defense of Health Rights – MAKIPURA		Representative of Native Communities of Ucayali
Archdioceses of Trujillo	Association for the Defense of Women Rights Micaela Bastidas		Association GAMHESA P.V.V.S.
	Regional Network for the Elderly		Red Cross
	COSDEJ		
	Organization of Agrarian Women (OCMA)		
		Armed Forces Health Services	Peruvian Navy
		Association of Private Clinics	Representative of Private Clinics
		EsSalud	

The first step has been to familiarize the Committees members with conceptual aspects of the analysis of public corruption, followed by an identification of the main corruption problems in each region. These problems were prioritized and an in-depth analysis is currently being carried out to analyze its causes and consequences. The next stages are to discuss and identify specific policies, strategies and interventions to cope with the priorities.

Table 9: Priorities of the Anticorruption Plans

La Libertad	Lambayeque	San Martin	Ucayali
Human Resources			
Breach of the legal day of work on the part of health professionals	Management and administration of human resources and services in function of political parties, private and personal interests	Breach of responsibilities and schedules on the part of medical doctors Contracting of personnel without budget. Contracting of not medical professionals that do not comply with the profile Conflicts in the application of the norm that to regulate the service of guards of the hired personnel Irregular norms that regulate politics of displacements	Breach of the working hours. Lack of transparency in the personnel selection processes. Contracting of personnel without capacity Illegal contracting of personnel. Contracting of personnel without capacity. Nepotism Untimely dismissals to workers
Pharmaceuticals			
Breach in the application of the norms or sanctions to personnel or establishments of health	Traffic of medicines, supplies and services that are of the institution inside and out of the health facilities for the benefit of private interests.	Traffic of medicines	Illegal sale of medicines of the SIS to private market Buying of medicines with proximity of expiration date Agreements with private pharmacies for the sale of medicines.
Purchases			
	Non compliance with selection processes for purchases of goods, medicines and	Acquisitions with lack of transparency	Directed selection processes bases to pre-determined suppliers.

La Libertad	Lambayeque	San Martin	Ucayali
	supplies/material/equipment.		
Accountability Handling of the statistics to show nonexistent achievements. Deliberate breach of the Law of Transparency,		Inefficiency of the Internal Control Office. Inefficiency of the Commission of Administrative Processes	Absence of accountability in Health Directorate
Illegal payments Affiliation and attention in the SIS to people that do not correspond / Informal payments in the SIS. Informal payments by services that should be free	Irregular payments for operations, services that should be free		Irregular payments by attentions to beneficiaries of the SIS in health facilities Irregular payments for health services.
Other aspects	Inefficiency of management for the operation to induce a private demand.		Derivation of patients for consultation in private doctor's offices.
		Allocation of budgetary resources to different objectives	Embezzlement Medical equipment pieces robbery.
	.	Undue use of supplies due to the duplicity of social programs. Lack of transparency in the execution of the expense and delivery of food in the programs of nutrition	

One local university will provide health management training and consulting services, as well as health systems research

The above described process of local decentralization entails the active involvement of Local Governments in health management. In order to contribute to strengthening the needed capacities, PRAES supported two Regional Universities - National University of Trujillo and National University Pedro Ruiz Gallo - to design a new training program for local governments. This program draws upon the previous methodology applied in PROGRESA, developed with USAID support in the past. Currently, the PROGRESA teachers of the National University of Trujillo and the University Pedro Ruiz Gallo, with support from their top authorities, are involved in the validation of these modules. As a result, it is expected that both teaching staffs will have the skills and knowledge to successfully provide training of PROGRESA for Local Governments. The design has been presented to the Decentralization Secretariat of the Prime Minister's Office and to the MoH Decentralization Office, who have expressed their interest in funding this program during 2008. Currently the MoH is using the proposal to request training services from various universities.

Additionally, the University Pedro Ruiz Gallo has formed a PROGRESA Network with the participation of PROGRESA teachers and alumni of PROGRESA Managers 1, Managers 2 and Managers 3 of Lambayeque and La Libertad. The purpose of the network is to continuously exchange experiences and update knowledge regarding health management issues. PRAES contributed to this end by facilitating workshops with PROGRESA teachers and alumni of Lambayeque and La Libertad. As from the second week of October this university is beginning training of an updated version of PROGRESA Managers 1 to a group of professionals of the regional governments of the north zone of the country.

In the case of the National University of Trujillo, on the basis of the PROGRESA experience a Centre for Management Development has been constituted with the aim of offering training

services in management development in health, education and other sectors nationwide. This Centre has already offered capacitating services of PROGRESA Managers 3 to another instance in their own region. At the moment the Centre is developing the diagnosis of health corruption problems for the region.

Three Regional Governments have base line evaluations of health decentralization

The project has developed a Monitoring and Evaluation (M&E) System of Decentralization taking into account the health functional areas and their distribution by levels identified in the Map of Concerted Competencies. For each of the functional areas, the M&E system contains: (i) performance indicators and (ii) overall impact indicators, corresponding to: health system results (increase in equity in access, efficiency, service quality, democratization, participation and accountability) and health status (level and distribution) corresponding to health priorities at the national and regional levels.

This system needs to be validated with key actors at the national and regional level as well as articulated with the accreditation system that is developing the Decentralization Division from the Prime Minister Office. After this stage, it will start the data collection process in PRAES intervention sites for the elaboration of the baseline.

Regional Health Directors and Social Development Managers from three Macro regions continuously exchange experiences and coordinate activities, particularly on health decentralization issues

During last year, PRAES has organized and facilitated three meetings of Regional Health Directorates and Social Development Managers from Northern Macro Region, three meetings with these authorities from Southern Macro Region and two meetings from Centre Macro Region. At the beginning of the period a National Meeting of Macro Regions was held on December 2006; also at the closing of the year a final National Meeting was organized on October 2007. Authorities of the MoH, Decentralization Secretary of Prime Minister and other key actors have participated.

Throughout the year diverse topics were discussed, such as decentralization to Regional Governments, decentralization to Local Governments, Health Concerted National Plan, Medicine Joint Purchases, Malnutrition, Metaxenic Diseases, HIV-AIDS among other. As has been mentioned the macro regional meetings have had a positive impact in terms of maintaining vertical and horizontal communication and dialogue, which is crucial for decentralization. This has been recognized by the Decentralization Secretariat of the Prime Minister's Office and the Decentralization Office of the MoH and in the future they will provide the assistance for the continuation of the Macro Regional meetings.

1.2.3 Performance

This sub-component has reached the majority of the expected performance indicators as shown in the table below.

Table 10: Component 2.a Performance Indicators

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Performance indicator	Regional and selected Local Governments have agreed upon transference plans (pilot experiences)	Regional/ Local	1 pilot experience in each region	1 pilot experience in each region	100%

New Program output	Technical report "Guidelines for local decentralization pilot experiences in Peru" has been elaborated	National	1	1	100%
Performance indicator	Number of Regional Health Directorates that have updated Regional Health Accounts	Regional	3	2 (*)	67%
Program output	Regional Health Accounts software has been disseminated	National	Yes	Yes	100%
Performance indicator	Number of regional Governments that have approved Regional Health Directorates' reorganization	Regional	2	2	100%
Performance indicator	Number of local universities that provide health management training services	Regional	1	2	200%
Program output	PROGRESA updated for Local Governments	National / Regional	1	1	100%
Performance indicator	Number of joint initiatives implemented by Macro Regions	Macro Regional	3	3	100%
Program output	Number of Macro Regional meetings	Macro Regional	12	12	100%

1.3 Component 2.b: Health Sector Decentralization – Implementation of Participatory Regional Health Plans

1.3.1 Purpose

The implementation of the Participatory Regional Health Plans (PRHP) in three regions has continued in this year, notwithstanding the change in the regional authorities and health officials. This is in itself an important achievement as it shows willingness to continue supporting the medium and long term health policies and interventions defined by the previous authorities. However, the turnaround of officials in the Regional Health Directorates implied the need of familiarizing and re-training of key personnel on prior processes, particularly regarding operational planning and budgeting. A very positive factor was the approval of a result based budgeting methodology by the MoF, which is compatible with the approach the project had promoted in year 1 in the regions as the basis for PRHP implementation.

The priority zones for PRHP implementation selected on the basis of poverty and under coverage indicators were also maintained by the new health authorities and during year two the project redoubled its efforts in these zones, establishing and formalizing cooperative agreements with the corresponding Local Governments. The project was successful in promoting that these zones were considered also as local decentralization pilot zones; thereby strengthening the focus of interventions and reinforcing the pro-poor approach of regional health policy.

The component aimed at providing assistance to the 4 regions to deepen PHRP implementation, though the following actions:

- Formulation of action and operative plans as well as PRHP results based budgets for year 2008 at the regional level.
- Participatory local health plans formulation in the priority zones, as a rollout strategy to reinforce

PRHP implementation.

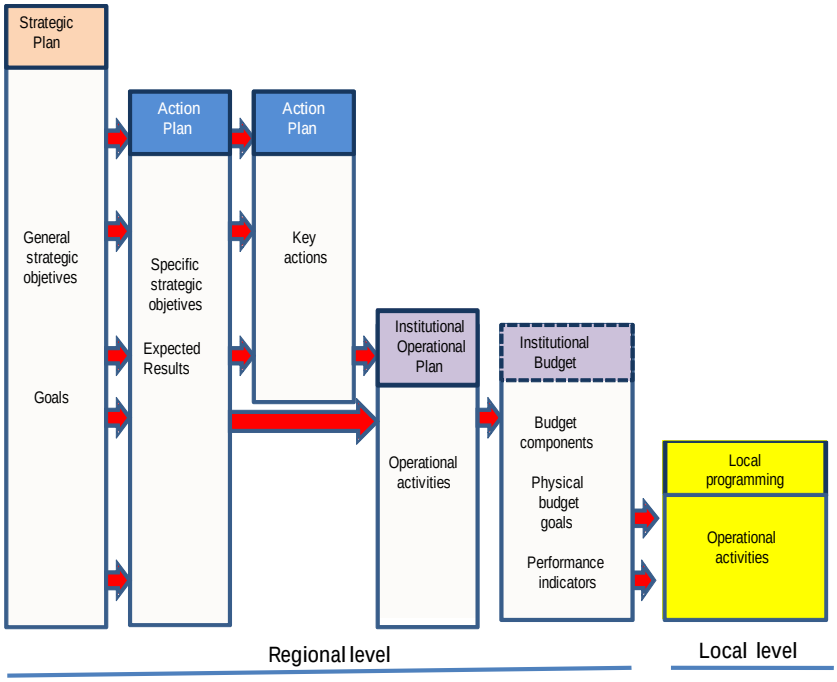
- Re-delimitation of net works and micro networks in the priority zones and definition of their charter of services.

1.3.2 Results

Three Regional Governments, in coordination with Local Governments, will be implementing the Participatory Regional Health Plans

As has been mentioned, the preferred strategy for PRHP implementation since year 1 has been linking the Regional Health Directorates' operational plans and budgets to PRHP objectives. The aim of this year's assistance was to institutionalize a new planning-budgeting cycle, that is, first the completion of the planning process and later derive the budget on this basis. This has meant a reversal in traditional practices in which the budget was defined prior to establishing the expected results and proposed activities. As any change in the public sector processes, this has proven to be challenging but the political will, particularly in Lambayeque and La Libertad, and the commitment of the Planning Offices' personnel have been key elements toward the achievement of the goal.

Figure 1: Linking Strategic Plan to the planning cycle



The regions underwent successful negotiation processes with the MoF by August, and the case of La Libertad was considered by the MoF as an exemplary success story of the new result-based budget. The project organized a meeting between the MoF and the regions in which these experiences were presented and analyzed in order to strengthen the new budget methodology. The technical document "Guidelines for strategic plan implementation in the public sector" was completed and submitted to the MoF.

An area which the sub-component focussed this year was to assist the priority zones for Local Health Plan formulation and its articulation with the PRHP, though a participatory methodology, which included the involvement of the local government authorities, and the active participation

of network and micro network workers and representatives of civil society. The resulting priorities are shown below:

Table 11: Local health priorities in selected areas

	La Libertad	Lambayeque	San Martin 1/	Ucayali
Regional Health Priorities of the PRHP	1. Infectious respiratory disease 2. Unwanted pregnancy and teen pregnancy. 3. Diarrhea 4. Family violence 5. Delinquency 6. Nutrition I(new priority) 7. Maternal health (new priority) 8. Infectious diseases (new priority)	1. Water and sanitation 2. Nutrition 3. Mental health 4. Maternal health 5. Health service access by poor population 6. Metaxenic diseases (new priority)	1. Infectious respiratory disease 2. Metaxenic diseases 3. Health services infrastructure	1. Infectious respiratory disease 2. Water and sanitation 3. Sexually transmitted diseases and HIV-AIDS 4. Nutrition 5. Availability of pharmaceuticals
	Province of Sanchez Carrion	**District of Salas**	**Districts of the Lower Huallaga**	**Province of Atalaya**
Local health priorities	1. Maternal health and teen pregnancy 2. Health promotion 3. Nutrition, infectious respiratory disease and diarrhea 4. Access to health services, in rural areas. 5. Family violence and delinquency. 6. Water and soil contamination	1. Water and sanitation 2. Nutrition 3. Maternal health 4. Child health 5. Metaxenic diseases	1. Water 2. Healthy behavior 3. Access to health services	1. Nutrition 2. Water and sanitation 3. Infectious respiratory disease 4. Health promotion 5. Sexually transmitted diseases and HIV-AIDS

1/ Not formally approved by the Regional Government.

It is noteworthy to mention that in the case of San Martin, the Regional Government has promoted the formulation of an integrated local development plan, instead of a health plan. This plan will be structured in three components: economic development (productive development, particularly fishery, and communication and road connexion); natural resources development; and social development (health and education). The Regional Government has requested assistance from PRAES to provide technical support regarding the first two components. In general, the process is being assisted by a joint effort between MSH and PRAES.

Regarding the re-delimitation of health networks and micro networks in the priority zones and definition of their charter of services, the project revised the MoH norm issued in 2001 and provided technical assistance to the Regional Health Directorates, in the context of the transferred responsibility to the regional of the function of organization of the public health providers.

In La Libertad, the Regional Health Directorate has redesigned the delimitation of micro networks and need for new facilities in the priority zone, with the participation of network and micro network workers and the authorities of the Local Governments. This led to the definition of the charter of services and the requirements of human resources. In the case of Lambayeque several workshops were organized and facilitated for the delimitation, conformation and organization of micro networks with the participation of the Regional Health

Directorate, network and micro networks which lead to agreements which will be the basis of a new regional bylaw of micro network organization and functions. In the district of Salas, -the priority zone- a final redefinition of the delimitation and of the charter of services of the micro network have been approved (including 8 health facilities) after intensive consultation with the Regional Government, the Regional Health Directorate, the network of Lambayeque and civil society members. On this basis, the investment profile will be revised for its funding through regional and local funds. This experience will be replicated by the Regional Health Directorate to the district of Cañaris, with limited support from PRAES, and during the next year it will be extended to the entire region. In San Martin the process of redefinition of the micro networks and their charter of services has been completed and approved following 4 workshops with the Regional Health Directorate and the micro networks of the regions. The following step is to focus on the priority zone -Lower Huallaga- to strengthen its managerial capacity and formulate the investment profile to increase its resolution capacity.

Increased familiarity with the goals and processes of decentralization in the health sector among public officials, private sector leaders and the public.

During year 2 the following publications were disseminated:

- "Systematization of the Political Parties' Agreement on Health" commissioned by the project: 1 000 units.
- "National Political Parties' Agreement on Health" were reprinted and distributed throughout the year: 3 000 units.
- At the regional level, the "Regional Political Parties' Agreements on Health" were published and disseminated: 500 units of each region.
- By request of the Regional Government of Lambayeque the PRHP was edited and published (1 000 units) as well as a dissemination summary of the PRHP (1 000) was designed and published.
- Finally, the MoH requested support for the editing and publication of the approved National Concerted Health Plan: 10 000 units.
- The project bulletin has continued to be elaborated and disseminated to 1 100 subscribers. This bulletin has proved to be in high demand and in some universities is included as obligatory reading material for under-graduate and post graduate students.

1.3.3 Performance

Table 12: Component 2.b Performance Indicators

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Performance indicator	Number of Action Plans that have been funded	Regional	3	3	100%
Program ouput	Technical report "Guidelines for strategic plan implementation in the public sector"" has been elaborated	National	1	1	100%
New performance indicator	Number of participatory local health plans that have been formulated	Local	4	4	100%

Type of indicator	Indicator	Level	Target	Actual	Cumulative
New performance indicator	Number of networks / micro networks that have been re-delimited	Local	4	4	100%
Program ouput	Technical report "Micro network management" has been elaborated	National	1	1	100%
Program output	Number of Project Monthly Bulletins that have been disseminated	National	8	8	100%

1.4 Component 3: Enhancement of the Stewardship Role of the MoH

1.4.1 Purpose

There has been a common thread of interest in how changes in state behaviour can help to produce better health-related outcomes. There is an agreement that both the configuration and application of state authority in the health sector should be realigned so as to achieve desire policy objectives. Such a new state role combines institutional process (e.g. efficiency and transparency) with specific substantive outcomes (e.g. health gain and expenditure control). While stewardship is potentially a model of governance which can infuse state policy-making and regulatory functions with an explicitly normative dimension, it requires clear and consistent strategic direction. In this sense, the sector was in need of a strategic health plan, as well as strengthening the MoH capability to introduce incentives for adequate behaviour in health providers and insurance agencies. With the aim of providing support to the stewardship role of MoH, this component has been oriented towards:

- Providing technical assistance to MoH for the elaboration of a National Concerted Health Plan
- Developing a proposal for the creation of the National Oversight Agency for Health Services

1.4.2 Results

Elaboration of a proposal for the creation of the National Oversight Agency for Health Services

A key common issue in all the proposals of Universal Health Insurance Law submitted to the Congress is the creation of a National Oversight Agency for Health Service to be in charge of supervising the delivery and financing of the Guaranteed National Health Plan by health facilities and insurance companies. All the proposals recommended that this Agency should be created on the basis of the Superintendence of Health Entities (SEPS).

To this end, PRAES subcontracted Bitran & Asociados for the elaboration of a comparative study of international experiences (Chile, Colombia, México and Hungary) regarding the implementation of a National Oversight Agency for Health Services and to discuss lesson learned for the Peruvian case. On this basis, PRAES has completed a first draft of a proposal of a bylaw to be validated with key actors.

Finally, the project had started advocating on this issue by inviting officials from the Health Superintendence of Chile, Argentina and Colombia to participate in an international forum held by SEPS.

The MoH has formulated and approved a National Concerted Health Plan (new result)

The first year of the project, PRAES elaborated a proposal for the participatory process of formulation of the National Concerted Health Plan (NCHP) that was presented to the authorities of the MoH. On this basis the MoH launched the process with the aim of defining national priorities, objectives, concrete goals and evidence based interventions.

The first step was the formulation and approval of the overall strategy, which was commissioned to a Committee[4], integrated by the Vice Minister, five MoH officials and representatives of the Medical Association, of the private sector and of the organizations of civil society (Foro Salud). This Committee has the responsibility of drafting a technical proposal and the methodology for the participatory process. However, the actual institutional support came from the Human Health Division of the MoH, which was viewed critically by the Secretariat of the National Health Council that organized a similar process at times in competitive terms. This tension was not resolved throughout the process and became a strong limiting factor.

The proposed strategy was presented to the group of party representatives that participated in the Agreement on Health process and to the cooperation agencies, both of whom expressed a complete support to the process, which was organized in three stages:

(i) *Technical analysis of the health problems* and the elaboration and validation with MoH and external experts of the technical proposal of the NCHP. To contribute to this stage, the project provided expert advice on the following identified problems:

a. Water and sanitation interventions
b. Environmental interventions
c. Citizenship security interventions
d. Occupational health interventions
e. Educational interventions
f. Interventions against poverty
g. Food security interventions
h. Interventions against infectious diseases
i. Interventions against cancer
j. Mental health interventions
k. Non transmissible diseases
l. Interventions against traffic accidents and injuries
m. Universal insurance
n. Decentralization
o. Health services and quality care

The project assisted in the validation of the technical proposal in two workshops: validation of technical proposal of health problems (105 participants) and validation of technical proposal of health determinants (80 participants).

(ii) *Consultation in the regions* organized with MoH guidance through the Regional Health Councils. This had the objectives of disseminating the technical proposal, to

[4] Ministerial resolutions 081-2006/MINSA y 1133-2006/MINSA.

collect contributions and suggestions and to choose the representatives of the regions that would attend the National Health Assembly. The election of the representatives implied the definition of regional quotas, according to an index that was constructed on base of indicators of population and poverty. This process involved the participation of the National Office of Electoral Processes (Oficina Nacional de Procesos Electorales – ONPE-) and the independent observation from the NGO Transparencia, specialized in electoral observation, and the Mesa de Concertacion de Lucha Contra la Pobreza. Approximately 2 500 individuals (regional health authorities and experts, health workers, local governments' representatives, members of civil society organizations and non organized citizens) took part in the deliberations and reached conclusions which were processed by the MoH. The project assisted in the elaboration and publication of the methodological guideline for the regional meetings, training of regional facilitators of 24 regions, included Lima and Callao and in the facilitation of the meetings in the four PRAES regions.

(iii) *The organization of a national deliberative and decision-making assembly*, with the participation of 1 500 chosen representatives from the regions. The purpose of the National Health Assembly was to define 6 national health priorities; 12 national health system reform objectives and 3 national objectives related to health determinants. This phase was not carried out as the National Health Assembly was cancelled a week prior to its designated date due to the social unrest that prevailed at the moment in the country.

In general the process was marked by contradictions within the MoH emerging from different groups that struggled for its leadership, the reluctance of some of them regarding participatory processes and the opposition of certain external organization, such as Foro Salud and the Peruvian College of Physicians who questioned the process. This situation, at moments tense, led PRAES, under USAID advice, to ask for guidance from the MoH Minister and Vice Minister who confirmed their request for technical assistance.

Notwithstanding these difficulties, the National Concerted Health Plan, which included the contributions of the regions, was approved by the MoH in July, 2007 and establishes medium and long term objectives, goals and interventions with regard to: (i) health problems, (ii) health system problems and (iii) health determinants problems. In general, it is possible to ascertain, that even though there were different positions with regards to the process, the technical content of the plan is recognized by different actors, fundamentally of the regions.

The project supported elaboration of the following technical documents:

Stages	Supporting materials
Technical validation	• Technical proposal of the NCHP • Guideline to validate de technical proposal of the Health Concerted National Plan • Guideline to validate the technical files of the health determinants
Social consultation	• Publication "Fichas técnicas de la propuesta técnica del Plan nacional Concertado de Salud" • Publication: "Guía comunicable del PNCS" • Facilitators guideline of the regional consultation meetings of the technical proposal of the NCHP
Dissemination	• Publication "Plan Nacional Concertado de Salud" • Publication: "Guía del participante del Encuentro de la Macro Norte de Salud sobre el PNCS"

The cancellation of the National Assembly produced inconveniences in the regions, fundamentally because of the expectations of the chosen regional representatives. In this context, the XV Meeting of the Regional Health Directors of the Northern Macro Region decided

the organization of a Northern Macro Region meeting in Chiclayo with the Regional Health Councils and the participation of the chosen delegates, to debate and enrich the proposals of implementation of the NCHP. This meeting that was named “Priorities of the National Concerted Health Plan from the regions of the North of the Peru”, congregated 500 representatives from 10 regions. The participants defined the following priorities for the implementation of the NCHP in the northern macro region:

Table 13: Health Priorities of the Northern Macro Region

Health priorities
1. To reduce maternal mortality
2. To reduce child mortality
3. To control the contagious diseases (TBC, HIV-AIDS and malaria)
Health system priorities
1. To reach universal insurance in health
2. To increase the financing and to improve the quality of health expenditure
3. To expand the supply of health services, improve health service quality and their organization
Health determinants priorities
1. Water and sanitation
2. Education
3. Food safety

The coordinators of this meeting will submit the results and recommendations to the MoH, with the expectation of contributing to the elaboration of a NCHP implementation plan.

1.5 Component 4: Health Sector Financing and Insurance

1.5.1 Purpose

During 2006, the Universal Health Insurance was included in the national policy agenda as a key reform to improve both, access to health care and financial protection. Specifically, this policy was included in the Political Parties Agreement in Health endorsed by 16 political parties as well as in the governmental and legislative agenda (6 legal proposals has been submitted to the Health Commission). In this context, expanding the breadth and depth of coverage at the least cost possible are the system-wide insurance objective. However, the challenge of the current government is to create conditions for schemes to contribute to this objective by clarifying the institutional/organizational arrangement and assuring adequate level of funding to the health care system. With the aim of providing support to this process, this component has been oriented towards:

- Promoting the formulation of a consensus legal framework regarding the Universal Health Insurance
- Developing a National Burden of Disease study with morbidity data as a basis for the design of a Guaranteed National Health Insurance Plan
- Developing a Guaranteed National Health Insurance Plan in accordance with projected available resources
- Providing technical assistance to the Ministry of Finance (MoF) for the implementation of the Household Targeting System (SISFOH)
- Promoting the institutionalization of management information systems (GalenHos and SEEUS) by the MoH and public health facilities.

1.5.2 Results

MoH has developed a National Burden of Disease study

The public health sector had been lacking rigorous evidence-based studies to define health priorities and has relied only on the analysis of mortality data for almost a decade. During year 1, the project worked towards the incorporation of the Disability Adjusted Life Year (DALY) methodology. A first National Burden of Disease (BoD) was developed by the MoH in 2006; notwithstanding the progress made, an in-depth analysis of this study developed by PRAES showed that the reported results were biased due to the epidemiological parameters used in the estimation of the Years Lost due to Disability (YLD) component of the Disability Adjusted Life Year (DALY) indicator as the DALY estimates were reflecting the burden of disease of a sample of Latin American countries. In this scenario, DALY estimations fail to be a good indicator to set health priorities in Peru. With the purpose to diminish these biases, PRAES provided technical assistance to the MoH for the adjustment of previous DALY estimations with national morbidity data for the following causes of diseases:

Table 14: Diagnosis included in the revised BoD study

Causes of diseases	Number of diagnosis groups
Diabetes mellitus, endocrine, cardiovascular, respiratory digestive and muskuloeskeletal disorders	20
Cancer	26
Neuropsychiatric disorders	13
Transmissible diseases	25
Unintentional and intentional injuries.	9
Others, including organ, genitourinary, skin and oral disorders	12
Total	105

Estimation and validation of DALYs by clinical experts was made for 105 out of a total of 135 groups of diagnosis. These estimations were adjusted taking into account local epidemiological parameters such as the number of incident cases, disability weights and average length of the disease[5]. The updated BoD study shows significant changes in the level of the YLD and in its composition by groups of diagnosis (see table 15), mainly in the case of injuries. Regarding the value of the adjusted DALYs by categories of diseases, the BoD study validates the significance of neuro-psychiatric disorders and non intentional injuries as national health priorities (see figure 2).

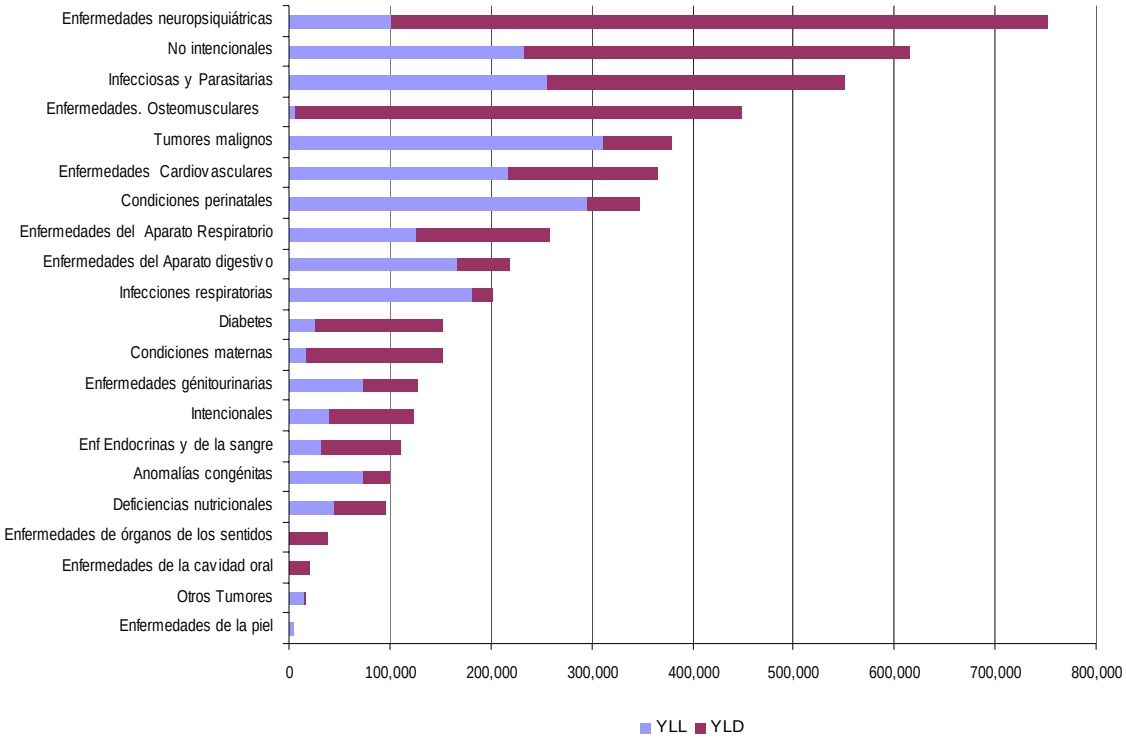
Table 15: DALY by group of diagnosis

Group of diagnosis	Non adjusted (2006) (thousand of years)			Adjusted (2007) (thousand of years)			Difference (percentage)		
	YYL	YLD	DALY	YYL	YLD	DALY	YYL	YLD	DALY
Transmissible diseases	8398	6969	15367	7951	5530	13481	-5%	-21%	-12%
Non-transmisible diseases	11792	21614	33406	11582	18368	29950	-2%	-15%	-10%
Injuries	3840	2964	6804	2734	4642	7375	-29%	57%	8%
Total	24031	31546	55577	22266	28540	50806	-7%	-10%	-9%

YYL: Years of life lost due to premature death; YLD: Years of life lost due to disability

[5] The groups of diagnosis that remain to be analyzed include infant and maternal diseases (13), congenital malformations (5) and other groups of diseases (12).

Figure 2: Peru- Ranking of group diseases with highest adjusted DALYs



The biased information of previous DALY estimation has been corrected for 75% of diagnosis group. This methodology has been adopted by the Instituto Nacional de Neoplasias (INEN), Instituto Nacional de Salud Mental Noguchi and the Dirección de Inteligencia Sanitaria of EsSalud; currently it is being incorporated by the Instituto Materno Perinatal for the adjustment of DALY regarding maternal and infant diseases. However, further involvement of academic institutions is required for the adjustment of the remaining groups of diseases. Particularly due to lack of morbidity information regarding non-infectious diseases and the high contribution of this group in the overall burden of disease, the MoH needs to allocate resources for epidemiologic data collection of this specific group.

MoH has developed a consensus proposal of a Guaranteed National Health Insurance

The scope of financial protection of the current plans defined by the Public Health Insurance is limited in terms of population coverage and services provided: in the past SIS has focused on maternal and child protection according to traditional vertical health programs from the MoH. However, to move towards a universal coverage, SIS requires both extending financial protection to other poor population groups and expanding depth of coverage by including additional services in the benefit package. In this scenario, the Vice Minister of Health requested PRAES to provide assistance to the MoH for the definition and costing of a consensus Universal Health Plan as a key input for the negotiation process with MoF for planning financial resources for its implementation. To this end, the project worked closely with the Human Health Division of MoH in the following issues:

- Definition of criteria for the selection of the health conditions and clinical procedures to be included in the Health Insurance Plan
- Definition of a proposal of a prioritized list of health conditions and clinical procedures

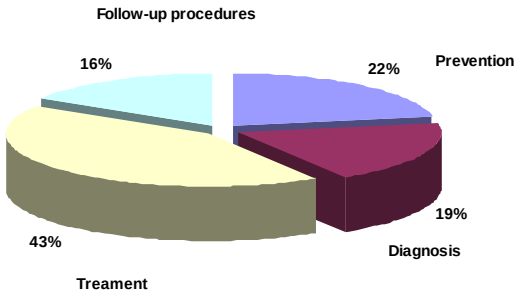
- Definition of the methodological framework for:
  - Costing of the Health Insurance Plan,
  - Actuarial valuation
  - Financial analysis
- Technical validation of the prioritized list with the MoH and SIS

At the end of year 2, the formulation and costing of a consensus proposal of a Health Insurance Plan for the Primary Care for level for the year base has been concluded as well as the definition of the prioritized list for the secondary and tertiary care level. Regarding the latter, ongoing work is being developed by the project for the actuarial valuation of this plan and the estimation of the financial requirements for its implementation. The Health Insurance Plan for the Primary Health Care level contains a prioritized list of 69 diagnosis (covering 69% of the main causes of diseases) and more than 150 medical procedures, including preventive, diagnosis, treatment and follow-up procedures and the items considered in the new list of health intervention of SIS. In the definition of the prioritized list was used several criteria, including epidemiological and cost-effectiveness criteria, among others.

Table 16: Coverage of burden of disesase

	Health Insurance Plan	National Burden of Disease	Coverage
Number of diagnosis or health conditions	69	135	51%
Total DALY	3,511,961	5,080,617	69%

Figure 3: Distribution of the total cost of the Health Insurance Plan for the Primary Care Level by type of health intervention



The total cost for the implementation (financing) of this Health Plan to all the poor population is estimated in NS/ 2,9 billion. This result allowed the MoH to negotiate with the MoF an incremental budget for SIS for the following 4 years: by end of 2011, SIS budget will be increased by more than NS/ 1 billion.

Ministry of Finance has implemented the Household Targeting System (SISFOH)

To foster access of the poor population to the Public Health Insurance Plan, as well as other social programs, the MoF successfully completed the record of socio-economic classification of households ("Padron General de Hogares") to facilitate social programs to allocate subsidies among poor population in urban areas. This record was elaborated using primary information regarding household socio-economic status collected in 158 urban districts at the national level (see table 17).

To help assist MoF in the data collection process, the project developed a communicational strategy oriented to (a) provide information to the population regarding SISFOH and the social benefits of a targeting strategy, (b) seek collaboration of households for the provision of information to the surveyor and (c) avoid risk of political resistance to the SISFOH.

A key area of the SISFOH organization are the Targeting Local Units, which are in charge of updating the record of socio-economic classification of households, providing this classification to the social programs and informing the population regarding targeting strategy, among others. During the year, 30 local governments have created the Targeting Local Unit and PRAES worked with MoF and the members of those units to help them in the identification of key organizational and financial arrangements required for its implementation. A short term constraint for the implementation of Local Units is the lack of resources to assume new functions.

Table 17: Numbers of districts and households surveyed by SISFOH

City	Number of districts	Number of household surveyed	Distribution
Lima	40	579,648	44.4%
Trujillo	9	78,464	6.0%
Callao	5	75,959	5.8%
Chiclayo	7	58,672	4.5%
Huancayo	13	53,813	4.1%
Iquitos	4	51,286	3.9%
Pucallpa	2	45,981	3.5%
Piura	4	40,860	3.1%
Juliaca	1	34,231	2.6%
Ica	12	31,189	2.4%
Chincha	8	27,332	2.1%
Sullana	6	26,170	2.0%
Talara	1	5,224	0.4%
Huánuco	6	26,090	2.0%
Ayacucho	4	25,435	1.9%
Chimbote	4	23,111	1.8%
Puno	5	22,504	1.7%
Huaraz	5	20,202	1.5%
Cajamarca	2	18,532	1.4%
Huacho	5	14,866	1.1%
Pisco	4	11,462	0.9%
Tingo María	5	11,248	0.9%

City	Number of districts	Number of household surveyed	Distribution
Cañete	3	8,998	0.7%
Huaral	2	8,804	0.7%
Chulucanas	1	6,735	0.5%
Total	158	1,306,816	100%

Memo:

Coverage of urban poor population 70%

MoH has developed information systems for health service management improvement

SEEUS

There is strong evidence of the relationship between external client dissatisfaction and labor environment. Problems related with health facilities organization, professional development, rewards, among other may affect negatively on the performance and productivity of health personnel. Based on this evidence, the Quality Division of the MoH requested PRAES to provide technical assistance for the design and implementation of a managerial tool to assess labor environment perceptions. The technical assistance has entailed the following stages:

- Design of a consensus proposal of a Labor Environment Survey. Members of the technical team work from the Quality Division, Mental Health Division and Human Resource Division have participated in the elaboration of this survey.
- Validation of the survey: PRAES facilitated the organization of 3 focus groups with personnel from the Instituto Nacional Oftalmológico, Hospital José Tello and Centro de Salud Base Gambetta that participated in the validation workshops.
- Organization of workshop to provide information to Health Facilities Directors regarding the implementation plan of this tool
- Pilot implementation in three public health facilities (Instituto Nacional Oftalmológico, Hospital José Tello and Centro de Salud Base Gambetta. The Chief of Human Resources from these facilities was in charge of conducting this process. A total of 300 employees were surveyed.
- Design and development of additional feature to the User Survey Satisfaction Software, including the external client module. This module has been developed and tested with the approval of the Quality Division of MoH.

GalenHos

- In 2007 the MoH constituted a work group integrated by representatives of the General Office of Statistics and the Human Health Division to assess GalenHos functioning in the Belen Hospital of Trujillo, as previous step for its adoption by the MoH.
- In general terms, the report of this work group highlights the acceptance of GalenHos by the system users and its impact in the improvement of productivity and reduction of waiting times. It advances the following recommendations to improve the system: (a) development of a set of

additional reports in the billing module, (b) connexion between GalenHos and SISMED[6]. The later would facilitate the flow of information between the different service units and would reduce the risk of under billing.

- A set of additional reports requested by the Belen Hospital for billing management as well as an interface with SISMED were successfully introduced in the system. Both developments will facilitate the implementation of the billing module in a short period of time. According to Belen Hospital's estimates the incorporation of the SIS affiliation report in the system will reduce waiting time in more than an hour.

- However, the MoH has pointed out its reluctance to extend the system to other hospitals, due to the fact that it is not designed on a basis of a free code platform (i.e. with no software licensing requirements). It is important to mention that the design and development of GalenHos was made in close collaboration with the General Office of Statistics with whom the platform was chosen. The new officials are now demanding a completely new development, which is unviable for the project and would generate a misuse of resources at this time.

1.5.3 Performance

Table 18: Component 4 Performance Indicators

Type of indicator	Indicator	Level	Target	Actual	Cumulative
Program Output	National Burden of Disease Study completed	National	1	1	100%
Performance indicator	MoH has approved the proposal of the Health Insurance Benefit Plan	National	Yes	Yes	100%
Program Output	Technical report: "Health Insurance Benefit Plan proposal" has been elaborated	National	1	1	100%
Performance indicator	Number of districts that have been included in SISFOH	National	74	158	214%
New program Output	Labor Environment Survey and Module of Job Satisfaction validated and developed	National	Yes	Yes	100%

[6] It is important to mention that these topics had been discussed with officials of the previous administration and agreements has been reached in which the MoH would provide the project the list of additional reports to be developed and would coordinate with NGO PRISMA the articulation of GalenHos and SISMED. Unfortunately, no progress was made on these two aspects.

2. Lessons learned and perspectives

2.1 Lessons learned

- In the absence of strong institutionalization and lack of continuity of officials in the public sector, the provision of information to new authorities to create awareness on previous policies processes is an important activity to contribute to sustainability of interventions. This is not a measurable result, but should be explicitly included in projects that are being implemented during government transitions.

- The decentralization process cannot be fully or solely technically pre–defined. As it entails many actors with different expectations, capabilities and information, the best way forward is to rely on constant dialogue between governmental levels. Special attention to social and political factors is necessary to assure viability. In the case of unwillingness to enter in consensus processes from one of the parties, an "honest broker" is crucial to facilitate dialogue.

- The decentralization reform is not fiscally neutral. The current decentralization process will face serious bottlenecks if the transfer of responsibilities is not accompanied by financial resources that allow effective exercise of the functions. The simplification of the accreditation mechanism, due to the acceleration of the decentralization process to regional governments, faces the risk of being purely bureaucratic and formalistic if not followed also by a well designed, funded and implemented capacity building effort.

- Decentralization to local governments is a highly complex process due to the heterogeneity of municipalities and their general lack of capacities[7]. The Local Governments of the pilot experiences have shown a keen interest in being involved in health matters; however they are aware that they lack the conditions for an immediate transfer of health functions. This calls for a staged approach and flexibility for the adaptation of general rules to specific circumstances. Full local health decentralization will take a long time and politically oriented short cuts should be avoided.

- Policies and strategies that stem from participatory processes have more legitimacy and therefore more chances of sustainability in their implementation, as the experience in the regions is starting to demonstrate. However, the regional and local level authorities have shown that they are more open and supportive of participatory decision making processes than the national level. This poses the risk of a gradual loss of legitimacy of national policies and regulations, which is a threat to health sector reform, in general, and to a viable decentralization process, in particular. Efforts need to be made to raise the awareness of national leaders of the importance of establishing and effectively implementing modern mechanisms of consultation and decision making with citizens.

- The process of local health decentralization opens the opportunity to introduce reorganization and strengthening of health services and health related interventions management. Functioning of health networks and micro networks under a new managerial

[7] The implementation of the Healthy Municipality Strategy is an appropriate first step that should be extended as it connects the Local Government with health issues and as such was recommended to the MoH by the project as part of a general plan, simultaneous to the pilot experiences.

model to improve equity and efficiency is of the utmost importance for decentralization to have real impact on health status. However, additional resources are needed in the short run, particularly related to human resources. It is important to promote an ample debate regarding human resources policies is the health sector, based on an updated analysis and forecast of the demand–supply gap.

- The two major health reform initiatives of the current government –decentralization and health insurance- have been developing in a parallel manner. The transfer of functions to the regional and local levels, which include public insurance related competencies, needs to be incorporated into a new operation model of SIS and its payment mechanism, as it is gradually becoming the most important source of financing, particularly in primary level care and in poor areas. With the perspective of increased budget allocations to public insurance, this tendency will be accentuated.

2.2 Perspectives

- Regarding the decentralization process to Regional Governments, it is highly improbable that the transference of all the functions and faculties that will take place in December, 2007 will automatically lead to an effective exercise of these responsibilities. The suggested approach is to prioritize the most important functions through a consultation process between the national and regional levels, so as to define a well oriented capacity building plan and other mutual commitments. The project will embark in this exercise in PRAES regions, supporting the identification of the priority functions related to the implementation of the PRHP and the local decentralization processes.

- To close the strategic management cycle of the PRHP, in 2008 the Regional Governments need to institutionalize continuous monitoring and evaluation mechanisms. To this end the project will dedicate efforts to support Regional Health Directorate management teams to monitor progress within the result-based budgeting methodology in close coordination with MoF. Additionally, it will promote the organization of a participatory event in the regions to assess the achievement of intermediate results of the PRHP.

- It is expected that by early 2008 the design of the pilot experiences will be completed and approved by the MoH and the implementation phase will begin. Regarding the 4 regions, the project will conduct a base line evaluation for each pilot site to allow an assessment of their results and impact at their completion. During year 3, the project will assist the regional and local levels to start the implementation of significant changes in health management and financing, focusing on key processes that will result in the medium run in:

  - Institutionalization of coordination mechanisms between regional and local levels, promoting associative models of Local Governments
  - Implementation of Local Health Plans, though operational plans and result-based budgets of the Local Governments and the networks and micro networks
  - Strengthening network and micro network management, with a especial emphasis on outreach services
  - Implementation of a viable package of services in each pilot zone that allows a significant increase in insurance coverage in the area and identification of the investment needs for gradual increase in this package of benefits
  - Strengthening of affiliation mechanisms to promote effective use of services in the poor population

- As had been mentioned a major health reform on the GoP agenda is Universal Health Insurance. From a technical point of view, after the completion of the design and financial forecast of the National Health Insurance Plan for the primary, secondary and tertiary care level by the end of 2007, the MoH should embark in an analysis of a staged strategy for its implementation, taking into account the availability of financial resources, human resources and infrastructure and their projected rates of increase over the years. The project will assist this process, promoting that the possible options are opened to consultation to the population. PRAES will also research conditions for the introduction of explicit guarantees (maximum waiting periods) for the interventions included in the National Health Insurance Plan according to the complexity level of the health facilities. However, extending Universal Health Insurance is a highly complex reform that will require strong technical and managerial capacities in the national level. The lack of these conditions, as shown by the current situation of SIS, may seriously hinder actual implementation.

- Finally, the project is assessing, in consultation with USAID, the possibility of promoting dialogue and capacity building activities between key actors, partnering with other donors and projects:

    - Macroeconomics and Health Program: to facilitate understanding between the MoF and the MoH about health reform
    - Health Sector Reform Dialogues: to assist multi party consensus on health reform agenda between national political parties
    - Public-private mix experiences in the Peruvian health sector: to inform key actors on the possibilities of public- private mix in provision and financing on the basis of national experiences
    - Political and Health Reform Program at the regional level: to promote regional health agenda among regional parties and movements, as well as strengthen internal party democracy

3. Financial Report

Annex A: Annual Work Plan

Activity		Comment
1	Advocacy for Health Sector Reform Agenda during Government Transition	
R1.1.	Health sector issues will be debated publicly in the 2006-2007 political transition in 4 regions	
	La Libertad	
1.1.1	Meetings with regional political parties	Completed
1.1.2	Presentation event of the regional health agreement	Completed
	Lambayeque	
1.1.3	Meetings with regional political parties	Completed
1.1.4	Presentation event of the regional health agreement	Completed
	San Martín	
1.1.5	Meetings with regional political parties	Completed
1.1.6	Capacity building workshop with Promoter Group	Completed
1.1.7	Support to partners' activities during electoral period in the region	Completed
	Ucayali	
1.1.8	Meetings with regional political parties	Completed
1.1.9	Presentation event of the regional health agreement	Completed
1.1.10	Support to partners' activities during electoral period in the region	Completed
R1.2.	Newly elected government and appointed health authorities and officials at the national and in 4 regions will receive needed information and policy advice in a timely fashion	
	Central	
1.2.1	Publication: "Systematization of the PPHA" (web page)	Completed
1.2.2	Publication: "National Political Parties Health Agreement"	Completed
1.2.3	Update of the clearing house	Completed
1.2.4	Meetings / events with Congress members and advisors of the committees of health, social security and decentralization	Completed
1.2.5	Elaboration of aid memoirs and provision of technical information to national key actors	Completed
1.2.6	Participation in meetings and committees organized by MoH by invitation	Completed
1.2.7	Participation in public fora by invitation	Completed
1.2.8	Program with young political members	Completed
New	Technical assistance to NARG in health budgeting	Completed
	La Libertad	
1.2.9	Publication: "Regional Political Parties Health Agreement"	Completed
1.2.10	Elaboration of aid memoirs and provision of technical information to RG-RHD	Completed
1.2.11	Meetings / events with regional counselors	Completed
	Lambayeque	
1.2.12	Publication: "Regional Political Parties Health Agreement"	Completed
1.2.13	Elaboration of aid memoirs and provision of technical information to RG-RHD	Completed
1.2.14	Meetings / events with regional counselors	Completed

	Activity	Comment
	San Martín	
1.2.15	Publication: "Regional Political Parties Health Agreement"	Completed
1.2.16	Elaboration of aid memoirs and provision of technical information to RG-RHD	Completed
	Ucayali	
1.2.17	Publication: "Regional Political Parties Health Agreement"	Completed
1.2.18	Elaboration of aid memoirs and provision of technical information to RG-RHD	Completed
2	Health Sector Decentralization	
R2.1.	Ministry of Health, Regional and Local Governments have agreed on a medium and short term plan of transfer regarding health competencies and functions	
	Central	
2.1.1	Meetings with MoH / NCD / TS-OPM	Completed
2.1.2	Technical assistance for the revision of RG accreditation criteria of the 2007 Annual Plan	Completed
2.1.3	Workshop with experts to validate MCC (LG)	Completed
2.1.4	Up date of APTO Salud	Completed
2.1.5	Elaboration of technical report: Design of local decentralization pilot experiences	Completed
2.1.6	Elaboration of technical report: Network and Micro Network Management	Completed
2.1.7	Elaboration of methodological guideline for design of local health decentralization pilot experiences	Completed
	La Libertad	
New	Technical assistance on accreditation of health functions to Regional Government by demand	Completed
New	Workshops with RG and LG to design pilot experiences	Completed
2.1.8	Technical assistance for the strengthening of Network and Micro Network management (pilot site)	Completed
	Lambayeque	
New	Technical assistance on accreditation of health functions to Regional Government by demand	Completed
New	Workshops with RG and LG to design pilot experiences	Completed
2.1.9	Technical assistance for the strengthening of Network and Micro Network management (pilot site)	Completed
	San Martín	
New	Technical assistance on accreditation of health functions to Regional Government by demand	Completed
New	Workshops with RG and LG to design pilot experiences	Completed
2.1.10	Technical assistance for the strengthening of Network and Micro Network management (pilot site)	Completed
	Ucayali	
New	Technical assistance on accreditation of health functions to Regional Government by demand	Completed
New	Workshops with RG and LG to design pilot experiences	Completed
2.1.11	Technical assistance for the strengthening of Network and Micro Network management (pilot site)	Completed
R2.2.	Three Regional Health Directorates continuously produce and analyze Regional Health Accounts information necessary to perform decentralized functions	
	Central	
New	ACRES Course	Completed
	La Libertad	
2.2.1	Supervision of RHA estimation for 2004-2005	Completed
2.2.2	2 supervision trips for the 2006 estimation process	Completed
	Lambayeque	
2.2.3	Supervision of RHA estimation for 2004-2005	Completed
2.2.4	Workshop of analysis of the 2004 and 2005 results of the RHA	Completed
2.2.5	2 supervision trips for the 2006 estimation process	Completed

Activity		Comment
	San Martín	
2.2.6	2 supervision trips for the 2006 estimation process	Completed
	Ucayali	
2.2.7	Supervision of RHA estimation for 2004-2005	Completed
2.2.8	2 supervision trips for the 2006 estimation process	Completed
R2.3.	Two Regional Health Directorates approve their reorganization plans	
	La Libertad	
2.3.1	Meetings of sensibilization / coordination with the RG authorities and key actors	Completed
2.3.2	Workshops of organizational strategy and plan	Completed
2.3.3	Technical assistance for the elaboration of the reorganization plan	Intermediate
	Lambayeque	
2.3.4	Meetings of sensibilization / coordination with the RG authorities and key actors	Completed
2.3.5	Workshops of organizational strategy and plan	Completed
R2.4.	One local universities will provide health management training, consulting and research services	
	Central	
2.4.1	Elaboration of guidelines for the formulation of the plan of development and marketing of educational, consulting and research services	Completed
2.4.2	Update training materials of PROGRESA - G1	Completed
2.4.3	Development of training materials for PROGRESA GL	Completed
	La Libertad	
2.4.4	Workshop for the formulation of the plan of development and marketing of educational, consulting and research services	Completed
New	Events with PROGRESA Alumni	Completed
	Lambayeque	
2.4.5	Workshop for the formulation of the plan of development and marketing of educational, consulting and research services	Completed
R2.5.	Three Regional Governments have base line evaluation of health decentralization	
	Central	
2.5.1	Meetings with MoH, NCD, PAHO, WB and other partners	Completed
2.5.2	Elaboration of the technical report: "Design of the Health Decentralization M&E System"	Completed
R2.6.	Regional Health Directorates and Social Development Managers from three Macro Regions continuously exchange experiences and coordinate activities, particularly on health decentralization issues	
	Central	
2.6.1	Organization and facilitation of the meetings of the Macro Regions	Completed
R2.7.	Three Regional Governments, in coordination with local governments, will be implementing the Participatory Regional Health Plans (PRHP)	
	Central	
2.7.1	Elaboration of software modules of investment profiles	Completed
2.7.2	Elaboration of technical report: Proposal for the improvement of the RHD planning and budgeting process	Completed
2.7.3	Elaboration of methodological guidelines for formulating Provincial-District Health Plans	Completed
2.7.4	Elaboration of methodological guidelines for strengthening of local heath care	Completed
	La Libertad	
2.7.5	Meetings with RHD to approve 2007 Operational Plan and adjustment of 2007-2008 Action Plan	Completed
2.7.6	Trips by work teams to finish investment profiles	Completed
2.7.7	Meetings with work teams to approve investment profiles	Completed
2.7.8	Workshop with RG to assess and improve planning and budgeting process (including investment)	Completed

Activity		Comment
2.7.9	Technical assistance to RHD for health planning and budgeting (including investment)	Completed
New	Technical assistance to elaborate improvement plan of SIS	Completed
2.7.10	Workshops for 2007-2008 Provincial-District Health Plan of pilot site (GR-LG) (Huamachuco)	Completed
2.7.11	Technical assistance for the elaboration of 2007-2008 Provincial Health Plan of pilot site (GR-LG) (Huamachuco)	Completed
2.7.12	Technical assistance to strengthen local heath care (Huamachuco) (Sectorización, paquetes de intervención)	Completed
	Lambayeque	
2.7.13	Meetings with RHD to approve 2007 Operational Plan and adjustment of 2007-2008 Action Plan	Completed
2.7.14	Meetings with work teams to approve investment profiles	Completed
2.7.15	Workshop with RG to assess and improve planning and budgeting process (including investment)	Completed
2.7.16	Technical assistance to RHD for health planning and budgeting (including investment)	Completed
New	Technical assistance to elaborate improvement plan of SIS	Completed
2.7.17	Workshops for 2007-2008 Provincial- District Health Plan of pilot site (GR-LG) (Ferrenafe)	Completed
2.7.18	Technical assistance for the elaboration of 2007-2008 Provincial - District Health Plan of pilot site (GR-LG) (Ferrenafe)	Completed
2.7.19	Technical assistance to strengthen local heath care (Ferrenafe)	Completed
	San Martín	
2.7.20	Elaboration of the 2007-8 action plan	Completed
2.7.21	Workshop with RG to assess and improve planning and budgeting process (including investment)	Completed
2.7.22	Technical assistance to RHD for health planning and budgeting (including investment)	Completed
New	Technical assistance to elaborate improvement plan of SIS	Completed
New	Workshops for 2007-2008 Provincial - District Health Plan of pilot site (GR-LG) (pilot site)	Completed
New	Technical assistance for the elaboration of 2007-2008 Provincial - District Health Plan of pilot site (GR-LG)	Completed
2.7.23	Technical assistance to strengthen local heath care (pilot site)	Completed
	Ucayali	
2.7.24	Meetings with RHD to approve 2007 Operational Plan and adjustment of 2007-2008 Action Plan	Completed
2.7.25	Meetings with work teams to approve investment profiles	Completed
2.7.26	Workshop with RG to assess and improve planning and budgeting process (including investment)	Completed
2.7.27	Technical assistance to RHD for health planning and budgeting (including investment)	Completed
New	Technical assistance to elaborate improvement plan of SIS	Completed
2.7.28	Workshops for 2007-2008 Provincial Health Plan of pilot site (GR-LG) (Atalaya)	Completed
2.7.29	Elaboration of 2007-2008 Provincial Health Plan of pilot site (GR-LG) (Atalaya)	Completed
2.7.30	Technical assistance to strengthen local heath care (Atalaya)	Completed
R2.8	Three Regional Health Councils continuously monitor progress of PRHP implementation	
	La Libertad	
2.8.1	Meeting to assess RHC functioning	Completed
New	Technical assistance to develop an anti corruption plan	Completed
	Lambayeque	
New	Technical assistance to develop an anti corruption plan	Completed
	San Martín	
New	Technical assistance to develop an anti corruption plan	Completed
	Ucayali	
New	Technical assistance to develop an anti corruption plan	Completed
R2.10.	Increased familiarity with the goals and processes of health decentralization	
	Central	

	Activity	Comment
2.10.1	Elaboration of publications (according to branding plan)	Completed
	Dissemination of information through newspaper articles, policy briefs, bulletins and web page	Completed
3.	Enhancement of the Stewardship Role of the MoH	
R3.1	Ministry of Health has developed a National Concerted Health Plan	
	Central	
1.3.1	Technical assistance to MoH for the National Concerted Health Plan	Completed
1.3.2	Other activities in support of the National Concerted Health Plan (by demand)	Completed
New	Macro regional Meeting to prioritize the NCHP	Completed
New	Software "Voces y consensos"	Completed
R3.2.	Ministry of Health has approved the proposal for the creation of the National Oversight Agency for Health Services	
3.2.1	Elaboration of technical report: Comparative analysis of health oversight agencies international experiences	Completed
3.2.2	Elaboration of the proposal of the creation of the "Superintendencia Nacional de Salud"	Completed
3.2.3	Technical meetings with MoH and key actors	Completed
3.2.4	Support to organize forum to present international experiences on health insurance and delivery regulation	Completed
4.	Health sector financing and insurance	
R4.1.	National Burden of Disease study (mortality and morbidity) will be completed	
	Central	
4.1.1	Elaboration of methodological guidelines for DALY's adjustment based on epidemiologic parameters (incidence, illness duration, age of onset)	Completed
4.1.2	Elaboration of the estimation of adjusted DALY's (6 epidemiologists)	Completed
4.1.3	2 Technical validation workshops of adjusted DALY's with clinical experts	Completed
New	Presentation of burden of disease methodology and results	Completed
4.1.4	Elaboration of report of the adjusted Burden of Disease	Completed
R4.2.	A Guaranteed National Health Insurance Plan has been developed in accordance with projected available resources	
	Central	
4.2.1	Technical meetings with MoH and key actors	Completed
4.2.2	Elaboration of technical report: Methodology of the actuarial study of the Guaranteed National Health Insurance Plan	Completed
New	Costing of selected clinical procedures to be included in the Guaranteed National Health Insurance Plan	Completed
New	Development of National Health Insurance software	Completed
New	Workshops with Congress on Insurance law proposal	Completed
4.2.3	Elaboration of technical report: Actuarial study of the Guaranteed National Health Insurance Plan (primary care), including additional financing needs, coverage limits and cost sharing	Completed
4.2.4	Elaboration of technical report: Actuarial study of the Guaranteed National Health Insurance Plan (complete), including additional financing needs, coverage limits and cost sharing	Intermediate
R4.3	Ministry of Finance is implementing the Household Targeting System (SISFOH) in 30 districts	
	Central	
4.3.1	Technical assistance to the Central Targeting Unit of MoF	Completed
New	Study tour to Mexico of MoF officials	Completed
New	6 workshops with LG for SISFOH implementation	Completed
R4.4	Ministry of Health adopts management information systems (GalenHos and SEEUS)	
	Central	
4.4.1	Presentation of GalenHos to national hospitals	

Activity		Comment
New	Development of report module of GalenHos	Completed
4.4.2	Training of SEEUS Trainers Course I	
New	Support to MOH Trainers of SEEUS trips to regions	Completed
4.4.3	Elaboration of the internal client satisfaction survey	
4.4.4	Development of the internal client satisfaction module (SEEUS II)	Completed
4.4.5	Validation meetings of SEEUS II in selected facilities	Completed
	La Libertad	
4.4.6	Monitoring of GalenHos in HBT	Completed

Annex B: Summary of activities of the Health Insurance Work Group

Agencia	*Proyecto*	*Actividad*	*Nivel*	*Contraparte*
AECI	Fortalecimiento Institucional del Sector Salud	Fortalecimiento a la gestión regional del SIS	Regional	MINSA (DIRESA-Tumbes)
AECI	Fortalecimiento Institucional del Sector Salud	Fortalecimiento a la gestión regional del SIS	Regional	MINSA (DIRESA-Loreto)
Banco Mundial-BID	PARSalud II	Fortalecimiento al SIS proceso de afiliación y reembolosos	Nacional	MINSA (SIS)
Banco Mundial-BID	PARSalud II	Fortalecimiento al SIS auditoría médica	Nacional	MINSA(SIS)
Banco Mundial-BID	PARSalud II	Sistema de M&E del SIS	Nacional	MINSA(SIS)
Banco Mundial-BID	PARSalud II	Diseño de mecanismos de pagos	Nacional	MINSA(SIS)
Banco Mundial-BID	PARSalud II	Análisis de riesgos y sistemas de información	Nacional	MINSA(SIS)
Comisión Europea	PASA	Apoyo a los planes a y c en Ayacucho	Regional / local	SIS
Comisión Europea	PASA	Apoyo la atención integral de salud a comunidades dispersas y excluidas (AISPED)	Regional / local	SIS
Cooperación Belga	PROSIS	Reembolso de atenciones a población rural pobre y probre extrema	Nacional	Ayacucho
Cooperación Belga	PROSIS	Reembolso de atenciones a población rural pobre y probre extrema	Nacional	Apuriamac
Cooperación Belga	PROSIS	Reembolso de atenciones a población rural pobre y probre extrema	Nacional	Cajamarca
Cooperación Belga	PROSIS	Acompañamiento a la implementación de mecanismo pago y modelo de supervisión	Regional	Ayacucho,
Cooperación Belga	PROSIS	Acompañamiento a la implementación de mecanismo pago y modelo de supervisión	Regional	Apurimac
Cooperación Belga	PROSIS	Acompañamiento a la implementación de mecanismo pago y modelo de supervisión	Regional	Cajamarca
Cooperación Belga	PROSIS	Armonización y alineamiento Grupo Multidonante de apoyo al SIS	Nacional	MINSA(DGSP-SIS)
Cooperación Belga	PROSIS	Medición de filtración en la afiliación al SIS	Regional	Ayacucho
Cooperación Belga	PROSIS	Medición de filtración en la afiliación al SIS	Regional	Apuriamac
Cooperación Belga	PROSIS	Medición de filtración en la afiliación al SIS	Regional	Cajamarca

Agencia	*Proyecto*	*Actividad*	*Nivel*	*Contraparte*
Cooperación Belga	PROSIS	Sistematización, Evaluación del Piloto de mecanismo de pagos Lima-Este	Nacional	MINSA(DGSP-SIS)
Cooperación Belga	PROSIS	Selección y Financiamiento de Proyectos de Investigación Operativa en Aseguramiento con Universades e Institutos	Nacional	MINSA (SIS)
Cooperación Belga	PROSIS	Visita de consultores internacionales (Bélgica, Reino Unido)	Nacional	MINSA SIS)
Naciones Unidas	OPS	Cooperación sobre modalidades regionales de aseguramiento	Regional	GR Callao-DISA I
Naciones Unidas	UNFPA	Diseño de estrategias de comunicación	Nacional	MINSA-SIS
Naciones Unidas	UNFPA	Fortalecimiento a la gestión de la Estrategia Nacioanl de Salud Repropductiva	Nacional	MINSA-DGSP
Naciones Unidas	UNICEF	Fortalecimiento a la gestión de la Estrategia Nacional de VIH-SIDA, Nutrición e inmunizacuiones	Nacional	MINSA-DGSP
Naciones Unidas	UNICEF	Provisión de suministros básicos para atención de niños, niñas y mujeres en áreas rurales andinas y amazónicas	Nacional	MINSA-SIS
Naciones Unidas	UNICEF	Promoción de la afiliación de niños y niñas y mujeres excluidas andinas y amazónicas	Nacional	MINSA-SIS
Naciones Unidas	OIT	Diseño de seguro de salud para trabajadores independientes	Nacional	EsSalud
Naciones Unidas	OIT	Pilotos inclusión de familias cafetaleras JNC en Seguro Agrario Independiente	Nacional	EsSalud
Naciones Unidas	OIT	Diseño e implementación de UBAPS en Cono Norte de Lima	Lima	EsSalud
Naciones Unidas	OIT	Diseño de una Subgerencia de Recaudación y Control Contributivo	Nacional	EsSalud
Naciones Unidas	OPS	Diseño de prestaciones esenciales y estructuración de costos	Nacional	MINSA (DGSP)
Naciones Unidas	OPS	Diseño de mecanismos de pagos	Nacional	MINSA (DGSP-SIS)
Naciones Unidas	OPS	Definición del Plan Universal de Beneficios	Nacional	MINSA
Naciones Unidas	UNFPA	Fortalecimiento de las estrategias y herramientas de afiliación (con énfasis poblacional)	Nacional	MINSA-SIS
Naciones Unidas	UNFPA	Definición de Plan Mujer	Nacional	MINSA(SIS-DGSP)
Naciones Unidas	UNFPA	Desarrollo de sistema para evaluar SIS a nivel local	Local	MINSA (SIS)
Naciones Unidas	UNFPA	Estudios de costos/beneficios	Nacional	MINSA-SIS-DGSP
Naciones Unidas	UNFPA	Monitoreo y evaluación de base comunal (balance score card)	Nacional	MINSA-SIS
Naciones Unidas	OIT	Fortalecimiento Institucional EsSalud	Nacional	EsSalud-OIT
Naciones Unidas	OPS	Fortalecimiento Institucional EsSalud	Nacional	EsSalud-OIT
Naciones Unidas	OIT	Taller internacional para la reforma de EsSalud	Nacional	EsSalud-MTPE-OIT
Naciones Unidas	OIT	Taller internacional para la reforma de EsSalud	Nacional	EsSalud-MTPE-OPS
Naciones Unidas	OPS	Taller internacional para la reforma de EsSalud	Nacional	EsSalud-MTPE-OIT

Agencia	*Proyecto*	*Actividad*	*Nivel*	*Contraparte*
Naciones Unidas	UNFPA	Viajes de estudios experiencias internacionales	Nacional	MINSA (SIS)
Naciones Unidas	UNFPA	Visita de consultores internacionales/ Viaje de Estudios	Nacional	MINSA-SIS
Naciones Unidas	OPS	Apoyo a la Comisión de Seguridad Social del Congreso para la formulación de Ley Marco de Aseguramiento Universal en Salud	Nacional	Congreso
Naciones Unidas	OIT	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Seguridad Social)
Naciones Unidas	OIT	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Seguridad Social)
Naciones Unidas	OPS	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Seguridad Social)
Naciones Unidas	UNFPA	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Seguridad Social)
Naciones Unidas	UNFPA	Eliminación de barreras legales/normativas para el ejercicio del derecho a la salud sexual y reproductiva por parte de los/las adolescentes	Nacional	Congreso-MINSA
Naciones Unidas	UNICEF	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Seguridad Social)
Naciones Unidas	UNICEF	Abogacía para la inclusión de grupos excluidos o parcialmente cubiertos por el SIS	Nacional	MINSA
USAID	Iniciativas de Políticas en Salud	Fortalecimiento de la gestión SIS	Regional	Junin
USAID	Iniciativas de Políticas en Salud	Fortalecimiento de la gestión SIS	Local	Red Satipo
USAID	PRAES	Sectorización y afiliación	Local	Red Huamachuco-Lambayeque
USAID	PRAES	Sectorización y afiliación	Local	Red Ferreñafe-Lambayeque
USAID	PRAES	Sectorización y afiliación	Local	Red Atalaya-Ucayali
USAID	PRAES	Sectorización y afiliación	Local	Por definir-San Martín
USAID	PRAES	Fortalecimiento a la gestión regional del SIS	Regional	La Libertad
USAID	PRAES	Fortalecimiento a la gestión regional del SIS	Regional	Lambayeque
USAID	PRAES	Fortalecimiento a la gestión regional del SIS	Regional	San Martín
USAID	PRAES	Fortalecimiento a la gestión regional del SIS	Regional	Ucayali
USAID	PRAES	Conformación de UCL	Local	Distritos seleccionados
USAID	PRAES	Diseño de estrategias de comunicación	Nacional	MEF (UCF)

Agencia	*Proyecto*	*Actividad*	*Nivel*	*Contraparte*
USAID	PRAES	Análisis actuarial del Plan Universal de Beneficios - I nivel	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Análisis actuarial del Plan Universal de Beneficios-II y III niveles	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Costeo del Plan Universal de Beneficios - I nivel	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Costeo del Plan Universal de Beneficios- II y III niveles	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Definición del Plan Universal de Beneficios - I nivel	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Definición del Plan Universal de Beneficios- II y III nivel	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Diseño de garantías del Plan Universal de Beneficios	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Proyecciones financieras del Plan Universal de Beneficios	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Talleres de validación por expertos del Plan Universal de Beneficios	Nacional	MINSA (DGSP- SIS)
USAID	PRAES	Diseño de propuesta de fortalecimiento de la SEPS	Nacional	MINSA (SEPS)
USAID	Iniciativas de Políticas en Salud	Factibilidad de la incorporación de prestaciones de planificación familiar en paquete básico	Nacional	MINSA-DGSP-ESNSR
USAID	PRAES	Ajuste de AVISAS	Nacional	MINSA (DGSP-OGE)
USAID	PRAES	Talleres de validación por expertos	Nacional	MINSA (DGSP-OGE)
USAID	PRAES	Análisis comparado de experiencias de supervisión del aseguramiento	Nacional	MINSA (SEPS)
USAID	PRAES	Viaje de estudio (México: Oportunidades)	Nacional	MEF (UCF)
USAID	PRAES	Apoyo a evento internacional sobre supervisión de aseguramiento	Nacional	MINSA (SEPS)
USAID	Iniciativas de Políticas en Salud	Norma técnica consejería y prestaciones de planificación familiar	Nacional	MINSA-DGSP-ESNSR
USAID	Iniciativas de Políticas en Salud	Norma técnica para la reducción de la transmisión vertical de VIH	Nacional	MINSA-DGSP-ESNIV
USAID	Iniciativas de Políticas en Salud	Norma técnica consejería y prestaciones de planificación familiar	Nacional	MINSA-DGSP-ESNSR
USAID	PRAES	Abogacía para la legislación sobre Aseguramiento en Salud: Ley de Aseguramiento	Nacional	Congreso (Comisión de Salud)
USAID	PRAES	Facilitación de consensos: fortalecimiento de la SEPS	Nacional	Congreso

Annex C: Health functions of Local Governments

FUNCIONES EN SALUD DE LOS GOBIERNOS LOCALES
(En el marco de la R. M. 1204-2006-MINSA del 28.12.2006)

	EJERCICIO DE FUNCIONES DURANTE LA ETAPA PILOTO	TRANSFERENCIA DE FUNCIONES LUEGO DE ACREDITACION
I. Procesos Sanitarios		
1. Promoción de la salud	• Participar en la promoción, protección y garantía de los derechos ciudadanos en salud en el ámbito de la red o microrred. • Promover las responsabilidades ciudadanas y la participación de la población en la formulación de las políticas, los planes y la gestión de los servicios de salud, en el ámbito de la red o microrred. • Participar en el control y evaluación del proceso de promoción, protección y garantía de los derechos ciudadanos en salud y la participación ciudadana en el ámbito de la red o microrred.	• Promover, proteger y garantizar los derechos ciudadanos en salud en el ámbito de la red o microrred. • Promover las responsabilidades ciudadanas y la participación de la población en la formulación de las políticas, los planes y la gestión de los servicios de salud, en el ámbito de la red o microrred. • Controlar y evaluar el proceso de promoción, protección y garantía de los derechos ciudadanos en salud y la participación ciudadana en el ámbito de la red o microrred.
2. Salud ambiental	• Las señaladas en la LOM	• No se transfieren, son propias de las Municipalidades
3. Prevención y control de epidemias, emergencias y desastres	• Participar en el diseño, conducción y coordinación de los planes de prevención y control de epidemias, emergencias y desastres en el ámbito de la red o microrred.	• Diseñar, Conducir y coordinar con el Gobierno Regional, planes de prevención y control de epidemias, emergencias y desastres en el ámbito de la red o microrred.
4. Protección y recuperación de la salud del individuo, familia y comunidad	• Proponer la organización de la red o microrred y las carteras de servicios de la red o microrred. • Apoyar y vigilar el funcionamiento de los sistemas de referencia y contrarreferencia, transportes y comunicaciones en el ámbito de la red o microrred. • Apoyar con recursos municipales en el mantenimiento periódico de las unidades móviles del sistema de referencia y contrarreferencia en el ámbito de la Red o Microrred. • Apoyar y vigilar la atención itinerante en el ámbito de la red o microrred. • Participar en la conducción, control y evaluación de la gestión de la red o microrred	• Proponer la organización de la red o microrred y las carteras de servicios de la red o microrred. • Apoyar y vigilar el funcionamiento de los sistemas de referencia y contrarreferencia, transportes y comunicaciones en el ámbito de la red o microrred. • Apoyar con recursos municipales en el mantenimiento periódico de las unidades móviles del sistema de referencia y contrarreferencia en el ámbito de la Red o Microrred. • Apoyar y vigilar la atención itinerante en el ámbito de la red o microrred. • Conducir, controlar y evaluar, en coordinación con el Gobierno Regional (DIRESA), la gestión de la

	EJERCICIO DE FUNCIONES DURANTE LA ETAPA PILOTO	TRANSFERENCIA DE FUNCIONES LUEGO DE ACREDITACION
	• Apoyar financieramente las acciones para la atención integral de salud en la red o microrred. • Promover la vigilancia comunal con promotores de salud.	red o microrred • Garantizar, compartidamente con el Gobierno Regional, los recursos económicos necesarios para realizar las acciones de atención integral de salud en la red o microrred. • Promover la vigilancia comunal con promotores de salud.
5. Medicamentos insumos y drogas	• Vigilar y supervisar el cumplimiento de condiciones sanitarias en farmacias y boticas así como la permanencia de regentes de establecimientos farmacéuticos en el distrito de su competencia. • Promoción del uso racional de medicamentos en el distrito de su competencia.	• Vigilar y supervisar el cumplimiento de condiciones sanitarias en farmacias y boticas, así como la permanencia de regentes de establecimientos farmacéuticos en el distrito de su competencia. • Promoción del uso racional de medicamentos en el distrito de su competencia.
II. Procesos Administrativos		
6. Planeamiento	• Participar en la formulación, aprobación, ejecución, control y evaluación del plan estratégico de la red o microrred. • Participar en la conducción, control y evaluación de proyectos y programas de intervención en el ámbito de la red o microrred, según corresponda. • Participar en la evaluación del desempeño institucional en el ámbito de la red o microrred, según corresponda. • Participar en la formulación, aprobación, ejecución, control y evaluación del plan operativo de la red o microrred.	• Conducir la formulación, aprobación, ejecución, control y evaluación del plan estratégico de la red o microrred, en coordinación con el Gobierno Regional. • Conducir, controlar y evaluar proyectos y programas de intervención en el ámbito de la red o microrred, según corresponda, en coordinación con el Gobierno Regional. • Evaluar el desempeño institucional en el ámbito de la red o microrred, según corresponda, en coordinación con el Gobierno Regional. • Conducir la formulación, aprobación, ejecución, control y evaluación del plan operativo de la red o microrred.
7. Financiamiento	• Participar en la formulación y aprobación del anteproyecto de presupuesto anual de la unidad ejecutora ó unidad operativa que corresponda a la red de salud. • Apoyar en el financiamiento de la ejecución del plan operativo a la red o microrred, de manera compartida con el Gobierno Regional • Participar en la supervisión, monitoreo y evaluación del proceso de gestión de recursos financieros en el ámbito de la red ó microrred.	• Participar en la formulación y aprobación del anteproyecto de presupuesto anual de la unidad ejecutora ó unidad operativa que corresponda a la red de salud. • Apoyar en el financiamiento de la ejecución del plan operativo a la red o microrred, de manera compartida con el Gobierno Regional • Participar en la supervisión, monitoreo y evaluación del proceso de gestión de recursos financieros en el ámbito de la red ó microrred.
8. Inversiones	• Participar en la elaboración, aprobación y gestión del programa multi-anual y del programa anual de inversiones en salud en el ámbito de la red ó microrred.	• Participar en la elaboración, aprobación y gestión del programa multi-anual y del programa anual de inversiones en salud en el ámbito de la red ó microrred.

	EJERCICIO DE FUNCIONES DURANTE LA ETAPA PILOTO	TRANSFERENCIA DE FUNCIONES LUEGO DE ACREDITACION
	• Participar en la identificación, promoción, formulación y gestión de los proyectos de inversión pública en la red de salud ó microrred, según normatividad del MINSA y SNIP, en base a las prioridades en salud de su ámbito.	• Participar en la identificación, promoción, formulación y gestión de los proyectos de inversión publica en la red de salud ó microrred, según normatividad del MINSA y SNIP, en base a las prioridades en salud de su ámbito.
9. Aseguramiento	• Participar en la definición de prioridades (segmentos poblacionales) y metas de aseguramiento público en su ámbito, en coordinación con el Gobierno Regional. • Participar en la promoción del aseguramiento público en su ámbito, en coordinación con el Gobierno Regional. • Difundir el padrón general de hogares a la red o microrred. • Conducir el proceso de identificación de la condición socio-económica de las familias que lo soliciten en zonas urbanas de su ámbito. • Participar en la supervisión de la afiliación de usuarios al aseguramiento público, en coordinación con el Gobierno Regional. • Participar en la supervisión y evaluación del cumplimiento de los planes y metas de atención del aseguramiento público en su ámbito.	• Definir prioridades (segmentos poblacionales) y metas de aseguramiento público en su ámbito, en coordinación con el Gobierno Regional. • Promover el aseguramiento público en su ámbito, en coordinación con el Gobierno Regional. • Actualizar y difundir el padrón general de hogares a la red o microrred. • Supervisar la afiliación de usuarios al aseguramiento público, en coordinación con el Gobierno Regional. • Supervisar y evaluar del cumplimiento de los planes y metas de atención del aseguramiento público en su ámbito.
10. Gestión y desarrollo de recursos humanos (RRHH	• Participar en el diagnóstico de situación de los RRHH y en la planificación, presupuesto y provisión de personal de la red o microrred con recursos municipales . • Participar en el diseño de cargos de las redes y microrredes de salud. • Participar en la conducción del concurso de selección del director de la red o microrred. • Participar en la evaluación de la gestión de RRHH en la red o microrred.	• Efectuar el diagnóstico de situación de los RRHH y participar en la planificación, presupuesto y provisión de personal de la red o microrred con recursos municipales. • Proponer el diseño de cargos de las redes y microrredes de salud. • Participar en la conducción del concurso de selección del director de la red o microrred. • Participar en la evaluación de la gestión de RRHH en la red o microrred.
11. Gestión de la información para la salud	• Participar en el diagnóstico de situación de los sistemas de información y en la planificación de los sistemas de información en la red o microrred. • Participar en el desarrollo y mantenimiento de la plataforma tecnológica de los sistemas de información, telecomunicaciones y telemática de salud en el ámbito de la red o microrred. • Participar en la evaluación de la calidad	• Efectuar en el diagnóstico de situación de los Sistemas de Información y participar en la planificación de los sistemas de información en la red o microrred, en coordinación con el Gobierno Regional. • Participar en el desarrollo y mantenimiento de la plataforma tecnológica de los sistemas de información, telecomunicaciones y telemática de salud en el ámbito de la

	EJERCICIO DE FUNCIONES DURANTE LA ETAPA PILOTO	TRANSFERENCIA DE FUNCIONES LUEGO DE ACREDITACION
	de la información de salud. • Participar en el análisis y difusión de la información de salud.	red o microrred. • Participar en la evaluación de la calidad de la información de salud • Participar en el análisis y difusión de la información de salud.
12. Logística	• Participar en el saneamiento físico legal y registro de los bienes inmuebles y las máquinas de las redes y microrredes de salud. • Participar en el registro y control de los activos fijos así como en la inscripción de los bienes inventariados de la red o microrred. • Participar en la planificación y supervisión del mantenimiento de la infraestructura y el equipamiento de la red o microrred de salud. • Participar en la conducción del almacenamiento y la distribución de bienes generales de la red o microrred. • Participar en la programación, conducción, control y evaluación de la adquisición y recepción de bienes y servicios requeridos para el funcionamiento de los servicios de la red o microrred.	• Efectuar el saneamiento físico legal y registro de los bienes inmuebles y las máquinas de las redes y microrredes de salud. • Efectuar el registro y control de los activos fijos así como en la inscripción de los bienes inventariados de la red o microrred. • Conducir la planificación y supervisión del mantenimiento de la infraestructura y el equipamiento de la red/ microrred de salud. • Conducir el almacenamiento y la distribución de bienes generales de la red o microrred. • Conducir la programación, conducción, control y evaluación de la adquisición y recepción de bienes y servicios requeridos para el funcionamiento de los servicios de la red/ microrred.
13. Investigación	• Participar en coordinación con el Gobierno Regional en la identificación de necesidades de investigación y en la evaluación de la gestión de la investigación que realicen las redes o microrredes con recursos municipales.	• Participar en coordinación con el Gobierno Regional en la identificación de necesidades de investigación y en la evaluación de la gestión de la investigación que realicen las redes o microrredes con recursos municipales.

Annex D: Travel by staff members

Destination	Date	Staff member
Amazonas	February	
	16-17	Janeth Bouby
	17	Carlos Bardalez
	17-18	Manuel Jumpa
	17-19	Hamilton Garcìa
	19-20	Oscar Ugtarte
Ancash	March	
	2	Oscar Ugarte
	August	
	24	Ada Pastor
Arequipa	May	
	15-17	Jaime Diaz
Ayacucho	April	
	12-15	Janeth Bouby
	13-15	Oscar Ugarte
Cuzco	July	
	11	Oscar Ugarte
	11	Janeth Bouby
Huánuco	April	
	2-4	Oscar Ugarte
	2-4	Janeth Bouby
La Libertad	October	
	6	Miguel Madueño
	3-5	Arturo Granados
	12-13	Arturo Granados
	22-24	Giovann Alarcón
	November	
	24	Arturo Granados
	December	
	6	Oscar Ugarte
	13	Giovann Alarcón
	13	Miguel Madueño
	12-13	Carlos Bardalez
	January	
	22-23	Ada Pastor
	23-24	Oscar Ugarte
	23-26	Alfredo Sobrevilla
	February	
	24	Oscar Ugarte
	March	
	20	Alfredo Sobrevilla
	21	Miguel Madueño
	27	Arturo Granados
	April	
	18-20	Oscar Bueno
	21	Ada Pastor
	May	

Destination	Date	Staff member
	5-9	Giovann Alarcón
	16-18	Carlos Bardalez
	29-30	Carlos Bardalez
	June	
	9	Miguel Madueño
	6-9	Carlos Bardalez
	July	
	2-7	Carlos Bardalez
	August	
	23	Ada Pastor
	15-16	Oscar Ugarte
	20-29	Carlos Bardalez
	21-24	Arturo Granados
	September	
	11-12	Carlos Bardalez
	25-28	Ada Pastor
Lambayeque	October	
	20-21	Arturo Granados
	November	
	9	Arturo Granados
	22-24	Carlos Bardalez
	22-24	Giovann Alarcón
	27-28	Giovann Alarcón
	December	
	7	Carlos Bardalez
	18-19	Ada Pastor
	18-19	Miguel Madueño
	7-8	Miguel Madueño
	January	
	2-3	Ada Pastor
	2-4	Midori de Habich
	16-20	Giovann Alarcón
	18-20	Alfredo Sobrevilla
	30-31	Anibal Velasquez
	31	Oscar Ugarte
	February	
	19-20	Carlos Bardalez
	20-20	Ada Pastor
	26-27	Carlos Bardalez
	27-27	Janeth Bouby
	31	Oscar Ugarte
	March	
	19	Giovann Alarcón
	April	
	20	Oscar Ugarte
	May	
	14	Giovann Alarcón
	August	
	12-14	Carlos Bardalez
	21-22	Oscar Ugarte
	28-29	Arturo Granados
	September	
	4-6	Arturo Granados
	11-13	Arturo Granados
	13-15	Alfredo Sobrevilla

Destination	Date	Staff member
	18-22	Hamilton Garcìa
	20-22	Alfredo Sobrevilla
	20-22	Jesica Cavalcanti
	20-22	Nancy Ordinola
	21-22	Anibal Velasquez
	21-22	Oscar Ugarte
	21-22	Midori de Habich
	21-22	Miguel Madueño
	21-22	José Narvaez
	21-23	Manuel Jumpa
Pasco	June	
	19-23	Janeth Bouby
	19-23	Carlos Bardalez
Piura	March	
	29	Oscar Ugarte
	April	
	18-19	Oscar Ugarte
	July	
	6	Oscar Bueno
	4-7	Ada Pastor
	4-7	Janeth Bouby
	5-7	Oscar Ugarte
	5-7	Jaime Diaz
San Martìn	October	
	16-17	Ada Pastor
	November	
	14-16	Ada Pastor
	December	
	5	Oscar Ugarte
	19	Oscar Ugarte
	19	Giovann Alarcón
	January	
	3-4	Arturo Granados
	9-11	Arturo Granados
	9`-12	Carlos Bardalez
	9-12	Giovann Alarcón
	17-19	Arturo Granados
	22-25	Giovann Alarcón
	22-25	Arturo Granados
	23-25	Carlos Bardalez
	24-25	Midori de Habich
	March	
	7-8	Ada Pastor
	14-16	Giovann Alarcón
	20-22	Oscar Ugarte
	28-30	Giovann Alarcón
	28-30	Carlos Bardalez
	April	
	14-16	Carlos Bardalez
	15-16	Oscar Ugarte
	17-20	Carlos Bardalez
	18-20	Giovann Alarcón
	May	
	3	Oscar Ugarte
	3-4	Carlos Bardalez

Destination	Date	Staff member
	15-16	Giovann Alarcón
	28	Giovann Alarcón
	June	
	26-28	Giovann Alarcón
	July	
	4-7	Giovann Alarcón
	17-19	Giovann Alarcón
	August	
	12-15	Oscar Ugarte
	12-15	Janeth Bouby
	September	
	4-6	Oscar Ugarte
	27-28	Arturo Granados
	27-28	Janeth Bouby
	27-29	Oscar Ugarte
Tacna	January	
	16-18	Jaime Diaz
Ucayali	October	
	12-13	Ada Pastor
	November	
	29-1 Dec.	Arturo Granados
	December	
	7-8	Giovann Alarcón
	24-26	Carlos Bardalez
	25-29	Giovann Alarcón
	January	
	18	Oscar Ugarte
	March	
	26	Giovann Alarcón
	15-17	Hamilton García
	22-24	Miguel Madueño
	27-28	Oscar Ugarte
	May	
	10-11	Oscar Ugarte
	20-23	Giovann Alarcón
	July	
	9-12	Giovann Alarcón
	August	
	13-18	Arturo Granados
	September	
	10-11	Ada Pastor

Annex E: Short Term Technical Consultants

Short term consultant	Topic	CLIN
Abugattas Fatule, Javier	Social Sector lecture	CLIN 1
Acevedo Rojas, Jorge	Communication campaign design for SISFOH	CLIN 4
Artaza,Osvaldo	Health Insurance lecture	CLIN 1
Barrantes Barrantes Daniel	GalenHos reports	CLIN 4
Bernaola Cabrera, Alejandro	Health investment profiles	CLIN 2
Bouby Cerna, Janeth	Macro Regions' meetings organization	CLIN 2
Cachay Chavez, Carlos	DALY of mental health	CLIN 4
Castro Sanchez-Moreno, Mariano	Environmental health interventions	CLIN 3
Cosavalente Vidarte, Oscar	Health Planning and budgeting	CLIN 2
De la Cruz Aramburu, Francisco	General DALY estimation (non adjusted)	CLIN 4
Escobedo Palza, Seimer	Costing of medical procedures	CLIN 4
Espinoza Atarama, Roberto	DALY of intentional and non intentional injuries	CLIN 4
Feijoo Delgado, Ana Rosa	Municipality commonwealth	CLIN 4
Gamio, Gonzalo	Ethics lecture	CLIN 1
Garavito Farro, Miguel	Rapid assessment of SIS in 4 regions	CLIN 2
Garcia Rodriguez, Ernesto	Health insurance benefit plan	CLIN 4
Gushiken Miyagui, Alfonso	Mental health interventions	CLIN 3
Iguiñiz Echeverria, Manuel	Education and health interventions	CLIN 3
Lanao Marquez, Augusto	Environmental health planning	CLIN 2
Manrique Luis	National Health Services and Insurance Oversight Agency	CLIN 3
Martinez Valle, Adolfo	Health Insurance lecture	CLIN 1
Mendoza Villarreal, Yvan	Systematization of the Political Parties Agreement on Health	CLIN 1
Molina Martinez, Raul	Coordination of decentralization component	CLIN 2
Mosqueira Lovon, Rocio	Health decentralization M&E system	CLIN 2
Munayco Escate, Cesar	DALY of infectious disease	CLIN 4
Narvaez Castañeda, Eugenio	Investment profiles	CLIN 2
Poquioma Rojas, Ebert	DALY of cancer	CLIN 4
Revoredo Iparraguirre, Jose	Health management information systems	CLIN 4
Rodriguez Castillo, Hugo	Investment profiles	CLIN 2
Saco Valdivia, Alexandro	Project Bulletin	CLIN 2
Sarmiento Gomez, Alfredo	Targeting systems	CLIN 4
Seclen Ubillus, Yovanna	DALY of cardiovascular disease and diabetes	CLIN 4
Ugarte Vasquez Solis, Mayen	Municipality commonwealth	CLIN 2
Vega Juan	Evidence-based medical guidelines for Insurance Health Plan	CLIN 4
Villena Chávez, Jorge	Water and sanitation interventions	CLIN 3
Zuzunaga Rivas, Luis	Occupational health interventions	CLIN 3